



STUDENT AND
COMMUNITY SERVICES

2026-27

P 531-299-0314
F 531-299-0395

3215 Cuming Street
Omaha, NE 68131

www.ops.org

Background Check Certification Statement

I, _____, hereby certify that
_____ (name of organization) has
completed and reviewed annual background checks for any of our staff and/or
contractors providing services to Omaha Public Schools in accordance with the
obligations set forth in our agreement dated _____. I further
certify that no staff member and/or contractor providing services to the Omaha Public
Schools has a failed background check.

The following staff members and/or contractors have passed their respective
background check and are eligible to provide services to the Omaha Public Schools:

Staff Full Name

Date of Background Check

Signature _____

Date _____

Printed Name _____

Position _____

Every student. Every day.
Prepared for success.