

AFFIDAVIT OF PROSPECTIVE INTERSCHOLASTIC SPORTS OFFICIAL

I, _____	Social Security #: - -
(YOUR FIRST & LAST NAME / PLEASE PRINT) example 999-99-9999	
residing at _____	Phone1: _____
(PRINT address)	List Phone
_____	Phone2: _____
(PRINT city, state, zip)	2 nd Phone only if needed
E-mail address: = _____	
Print Clearly ***MANDATORY *** You MUST Provide an accurate e-mail address	
Sport(s) I officiate: _____	

being duly sworn, depose and say:

- 1) I am seeking to provide service as an interscholastic sports official with member schools of Section VI of the New York State Public High School Athletic Association, Inc. (Section VI).
- 2) I understand and agree that my service is subject to a fingerprint supported criminal history background check by the State Education Department (SED). As a condition of my commencing service with the Section VI member schools, Section VI must first receive notification from the Commissioner of Education that I have been "cleared" for service based upon the results of my criminal history background check
- 3) I acknowledge that Erie 1 BOCES is assisting Section VI with this background check by serving as the entity that will receive notice of whether clearance is granted or denied by SED. I further acknowledge that Erie 1 BOCES will also be notified of any subsequent criminal history information, such as subsequent arrests. I understand that Erie 1 BOCES will take no action on this information other than to forward any and all notices it receives to Section VI.
- 4) I understand that if Section VI receives notice (through Erie 1 BOCES) that clearance has been DENIED, I will not commence service with the Section VI member schools as a sports official. I further understand that, even if clearance is GRANTED, but Section VI receives notice (through Erie 1 BOCES) of a subsequent criminal arrest or conviction, my service with Section VI member schools may be terminated at that time. * I acknowledge that Erie 1 BOCES will have no role in any such determination made.

OFFICE USE

Document Notarized	☐ Yes ☐ No	\$10 payment enclosed	Fiscal year ☐ 26-27 ☐ 27-28
Photo ID enclosed:	☐ Yes ☐ No	a) Personal Check#	
W9 enclosed	☐ Yes ☐ No	b) Money order#	
Sent photo	☐ Yes ☐ No	c) On-Line Payment	
If interested in on-line payment send email djricheal@e1b.org or Dan Finucane dfinucane@e1b.org & ask for the hyperlink			

OFFICE Date Stamp here:

