## **FBI Criminal History Background Check**

In accordance with Pennsylvania law, Schreiber Center for Pediatric Development requires you obtain your FBI Criminal History Background Check (which includes digital fingerprinting) to volunteer in our Circle of Friends Academy or STARS Preschool Classrooms.

You can register for an appointment to be fingerprinted two ways:

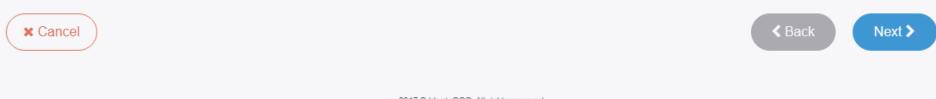
- Online: Go to Identogo.com. The Commonwealth contracts with this provide to complete digital fingerprinting.
- Telephone: Call 1-844-321-2101 and listen to the options menu.

To register, please provide Schreiber's service code: 1KG738

* First Name		* Middle Name (or NMN if no middle name)			
* Last Name		Suffix			
		Choose One 🗸			
Date of Birth					
* Date of Birth	* Confirm Date of Birth				
Method of Contact	(at least one method is required)				
	(at least one method is required)	Confirm Email			
	(at least one method is required)	Confirm Email			
Email	(at least one method is required)				
Email	(at least one method is required)	Phone 1			
Email Country Code United States		Phone 1			
Email Country Code United States		Phone 1 Phone 2			
Email Country Code United States Country Code		Phone 1 Phone 2			

Please enter your employer information below. Then click 'Next' to continue or 'Cancel' to exit.

Employer Name		
Schreiber Center for Pediatric Development		
Country		
United States		~
Address Line 1		
625 Community Way		
Address Line 2		
City		
Lancaster		
Lancaster State/Province	Pos	stal Code



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# **Agency Identifiers**

#### \* Create a Security Question for your Background Check Results

Type your question in box. You will be prompted with this question when attempting to access your Eligibility Letter.

#### \* Type the answer to your Security Question in the box below

**IMPORTANT!** Store your answer in a safe place—it is your answer only and is not able to be retrieved or reset. Applicants with "No Criminal History Found" as a result of your Federal Criminal Background Check will be emailed a link to access your Eligibility Letter.

- You must be prepared to download, save or print the Eligibility Letter when accessing it the first time because you will only be able to access the link once.
- The email link cannot be reset or re-emailed.
- After clicking the emailed link, you will have three attempts to correctly answer your Security Question to retrieve your Eligibility Letter.

Reminder, your Eligibility Letter will be mailed to the address you provided on the Essential Info screen. If unsure of accuracy, please click the back button and verify the information you entered is correct before continuing on with the pre-enrollment process.

Please answer the questions below. Then click 'Next' to continue or 'Cancel' to exit.

\* Have you ever used an alias?

\* Is your mailing address the same as your residential address?

\* Do you have an Authorization Code (Coupon Code) that you will be using as a method of payment? NOTE: Please have Authorization Code available to enter on the website later in the scheduling process.

Pennsylvania	~
* Country of Citizenship	
United States	~



## Alias

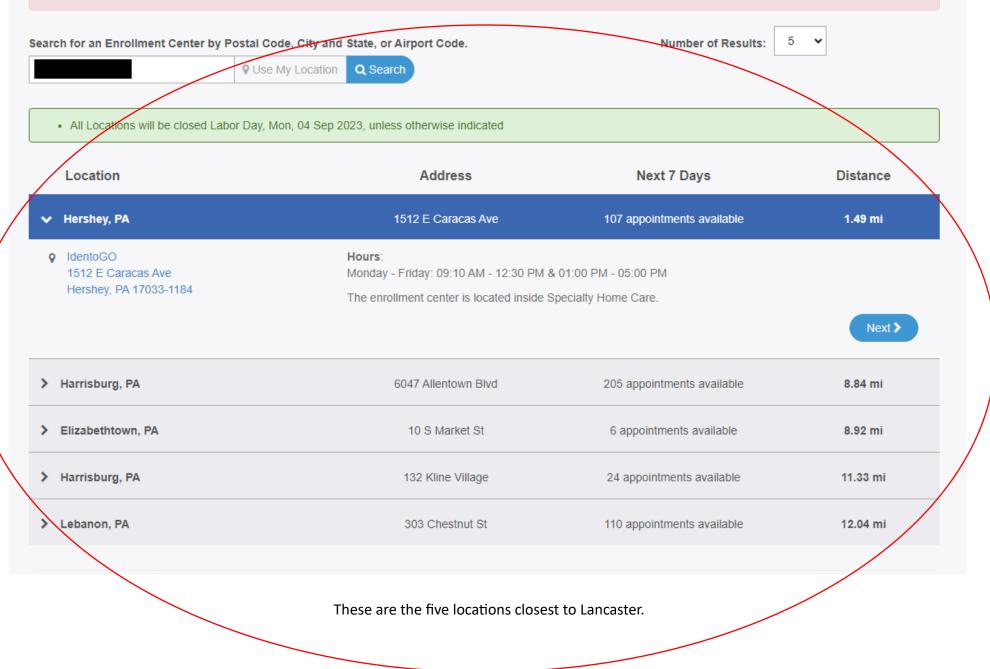
* First Name			* Middle Name (or NMN	if no middle nan	ne)	
* Last Name			Suffix			
			Choose One	~		
+ Alias						
Personal Information						
O US O Metric						
* Height	* Weight		* Hair Color		* Eye Color	
ft	in	Ibs		~		~
* Preferred Language (Receipts & other	communication)		* Gender	* Race	* Ethi	nicity
English		~	~		~	~
Documents						
* Document						
Driver's License issued by a State or out	lying possession of the U.S.					~
* Does the name you are enrolling under	match the name on all documen	ts selected?			• Yes	O No

Bring the following Required Identity Documents to your enrollment: 1. Driver's License issued by a State or outlying possession of the U.S.

ailing Address	
Country	
United States	~
Address Line 1	
Address Line 2	
Address Line 2	
Address Line 2 City State/Province	* Postal Code

Enter a Postal Code, City, Airport Code or Special Location Access Code to search for a location to schedule your appointment. After selecting a location, click 'Next' to continue or 'Cancel' to exit.

Note: Your registration is not yet complete. You must select a location, as well as a date/time on the following pages prior to receiving your appointment confirmation.



Select a preferred date and time for your appointment at the specified location. Then click 'Submit' to confirm or 'Cancel' to exit. If you are unable to make an appointment for the available times or all appointments are booked, click the 'Back' button below, to select another location.

## Appointment Date and Time (first available displayed by default)

Select Date	Select Time	Walk In Note: Scheduled Appointments take priority over walk-ins. Appointments are highly recommended due to the possible long wait times associated with walk-in processing.	
Location Details:			
IdentoGO 1512 E Caracas Ave Hershey, PA 17033-1184	The enrollment center is located inside Specialty Home Care.		

You will pay the fee of \$23.85 at the IdentiGo Appointment.