

## Elgin Community College International Student Homestay Program Background Check Instructions

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To ensure a safe and quality International Student Homestay Program, Elgin Community College requires background checks for every potential host parent and any adult over the age of 18 living in the host's home, including children away at college who return home for vacations or holidays. This background check is conducted by Fieldprint, Inc.

1. Go to [www.fieldprintfbi.com](http://www.fieldprintfbi.com) to schedule an appointment for your background check. Enter your information as required by the FBI into Fieldprint's secure website. You can then locate a fingerprint collection site close to you and schedule an appointment online to be fingerprinted at a date and time most convenient to you. Most background checks will cost \$50.00, payable by you directly to Fieldprint.\* You can pay for the service using a Mastercard, American Express, Discover or Visa.
2. On the day of your appointment, bring your appointment number, along with two valid forms of identification, such as a driver's license or passport. For acceptable forms of identification, please consult the Fieldprint website.
3. You will receive your background check results electronically within three to five business days. To access your report, use the username and password you initially created to access the results.
4. To submit your results to ECC, hit the "Share" button and enter [nescobar@elgin.edu](mailto:nescobar@elgin.edu) to share the results with the Homestay Coordinator. Please note that the results must come to ECC electronically via the Fieldprint website. Paper copies or scanned copies accessed by individuals will be considered invalid.
5. Please contact the Homestay Coordinator at 847-214-7722 or via email at [nescobar@elgin.edu](mailto:nescobar@elgin.edu) once you have sent your results to ECC to ensure they have been received appropriately.
6. Questions regarding the background check procedure should be directed to the Homestay Coordinator.

\*Additional fees may be charged by Fieldprint if you elect to have your fingerprinting conducted at a non-Livescan facility.

## Authorization for Background Investigation

Each member of a host family aged 18 and older must complete a separate authorization for background investigation form. Please remit a payment directly to the agency conducting the background check.

I, \_\_\_\_\_, hereby authorize Community College District 509, commonly known as Elgin Community College ("ECC") to retain an agency of their choosing to make an independent investigation of my background in connection with an application to become a host for the International Student Homestay Program at ECC.

I authorize and request any present or former employer, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having knowledge about me to furnish to the agency conducting the independent investigation with any and all information in their possession regarding me for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for hosting an international student in my home. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former reference who may provide information based upon this authorization request. I agree to hold harmless, and to absolve Elgin Community College (its board of trustees, employees, agents and representatives) from any and all liability, and hereby waive any claim I may have against ECC for any loss, damage, or injury I may sustain as a result of ECC efforts to verify or obtain such information provided by me or any disclosure made in accordance with this authorization.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Surname: \_\_\_\_\_

First Name/Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name or Other Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(month/day/year)

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form with your Host Family Application Packet.**