

REQUEST FOR CRIMINAL RECORD CHECK

Reference No. _____
(office use only)

Please print clearly or type

Name (Last, First, M.I.) _____

(maiden/alias) _____ Date of Birth _____

Social Security No. _____ Sex male female

Address _____

I authorize the release of any criminal history record information to the requestor.

Signature (optional) _____

It is the responsibility of the requestor to inform the Central Repository of the records that are desired and to provide the information necessary to conduct the appropriate search.

PURPOSE

Employment Child Care Nursing Home Home Health Care Other Employment

Licensing Other (specify) _____

SEND REPLY TO:
(must be completely filled out)

Facility: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number (including area code): _____

E-mail Address: _____

I verify that the above named person has received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

Signed _____

Print _____

The criminal record check can not be processed without this signature, a name, a date of birth, and a social security number. If any of these components are missing or are not legible, there may be a delay in processing.