REQUEST FOR ADULT
CRIMINAL HISTORY INFORMATION

(Please type or print all information)

SUBJECT of Request:

Last Name	First Name	M.I.

(Please use full legal name.)

Date of Birth

Sex		Race	
Male	☐	American Indian/Alaskan	☐
Female	☐	Asian/Pacific Islander	☐
		Black	☐
		Multi-Racial	☐
		White	☐
		Unknown	☐

REQUESTING SCHOOL: Please complete the information below and return to Central Office.

LIMITED CRIMINAL HISTORY INFORMATION
REASON FOR REQUEST

( ) Has volunteered services that involve contact with students.
Activity for which you are volunteering _____.

SCHOOL _____

REQUESTOR _____

DATE OF REQUEST _____

Revised 08/10