

SCHOOL YEAR: _____

To obtain a Limited Criminal History background check, please complete and return this portion to your child's school office or directly to the superintendent's office. The school may request a copy of your driver's license or other form of identification at the time of background request to ensure accuracy. This may be copied and attached to this form or presented in the school office.

Volunteer's Information: (Please print legibly)

First Name _____ Middle _____ Last _____

Street Address/P.O. Box _____

City, State, Zip Code _____

Maiden Name or Other Names

Phone Number

Date of Birth (mm/dd/yy)

Gender: Male
 Female

Race: White
 Black
 Multi-Racial
 American Indian
 Asian/Pacific
 Other

A COPY OF THE VOLUNTEER'S DRIVERS LICENSE MUST ACCOMPANY THIS FORM.