

PERMISSION FOR LIMITED CRIMINAL HISTORY CHECK

PLEASE Print Legibly; ANY Missing Information Will Result In Processing DELAYS

I, _____
(Print LEGAL First Name) (Middle Initial) (Print LEGAL Last Name)

hereby authorize and give permission to South Adams Schools administrative personnel to conduct a Limited Criminal History background investigation of me.

Date of Birth _____

Gender _____

State of Birth _____

Race (Please circle)

Asian or Pacific Islander

Black

Driver's License No. _____

American Indian or Alaskan

Multi-Racial

White

I certify under the pains and penalties of perjury that the foregoing representations and information are true and accurate to the best of my knowledge.

Signature

Date