

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 School 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

American Indian or Alaskan

Multi-Racial

White

Driver's License No. _____

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.

Signed _____
Date

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