

LIMITED CRIMINAL HISTORY BACKGROUND CHECK

Complete one form per request.

01. I agree to a background check. Yes No

Signature: _____

02. Use legal name, as it appears on their driver's license. Please print.

First Name _____

Middle Initial _____

Last Name _____

Suffix (Jr, III, etc.) _____

03. Date of Birth (month/day/year): _____

04. Gender: Male Female

05. Race: American Indian/Alaskan Multi-racial
 Asian/Pacific Islander White (includes Hispanic)
 Black Unknown

06. School Email: _____

School Office: Please fax to 260-423-1514
Attention Amy Mews

Completed reports will be mailed to the school.
An email will be sent when search is completed.