## MENTORS ONLY SCHOOL VOLUNTEER PROGRAM

## **CRIMINAL HISTORY RECORD CHECK AUTHORIZATION**

(Please print or type all information in black ink)

VOLUNTEER NAME				
Last Name First Name			Middle Initial	Suffix
ALL OTHER FULL NAMES USED IN TH	IE PAST:			
1				
2				
3				
DATE OF BIRTH: Day	  Year	RACE:	SEX:	
SOCIAL SECURITY NUMBER:				
ADDRESS:				
Street				
City	State	Zip Co	ode	
TELEPHONE NUMBERS: () _ Home		()	<u> </u>	
SCHOOL DISTRICT:	C	CONTACT PERSON:		
AUTHORIZATION TO RELEASE INFORMATION I authorize release of any and all information of a confidential or privileged nature. I hereb result from furnishing this information.	that you have concerning			
Signature		Date		
STATE BUREAU OF IDENTIFICATION USE	E ONLY:			
Signature / Date		No Delaware Criminal Histor	ry Record based on name and	date of birth
Signature / Date	The Delaware Criminal History Record is attached.			

This Criminal History Record Check is based on a name and date of birth only. No fingerprints were provided. Fingerprints provide the only "Positive" means of determining whether an individual has a Delaware Criminal History Record.