MENTORS ONLY

SCHOOL VOLUNTEER PROGRAM

CRIMINAL HISTORY RECORD CHECK AUTHOURIZATION

(Please print or type all information in black ink)

*Vo*lunteer:

_____ _____ _____ _____

LAST NAME *FIRST NAME* *MIDDLE* *SUFFIX*

ALL OTHER FULL NAMES USED IN THE PAST:

1._____

2._____

3._____

DATE OF BIRTH: _____ _____ _____ RACE: _____ SEX: _____

MONTH *DAY* *YEAR*

SOCIAL SECURITY NUMBER: _____ _____ _____

ADDRESS: _____

STREET

_____

CITY *STATE* *ZIP*

TELEPHONE NUMBERS : (_____) _____ (_____) _____

HOME *WORK*

SCHOOL DISTRICT: _____ CONTRACT PERSON: _____

AUTHORIZATION TO RELEASE INFORMATION:

I authorize release of any and all information that you have concerning me, including CRIMINAL HISTORY RECORD INFORMATION and other information of a confidential or privileged nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage which might result from furnishing this information.

_____ _____

SIGNATURE DATE

STATE BUREAU OF INDENTIFICATION USE ONLY:

_____No Delaware Criminal History Record based on name and date of birth

SIGNATURE/DATE

_____The Delaware Criminal History Record is attached.

SIGNATURE/DATE

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.