



Limited Criminal History Background Check

Complete one form per request

I agree to a background check? Yes No

Signature: _____

Use Legal name, as it appears on their driver's license: please print

First Name _____

Middle Initial _____

Last Name _____

Suffix (Jr. III, etc.) _____

Date of Birth (month/day/year) _____

Gender: Male Female

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

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.