

**THIS FORM MUST BE RETURNED TO THE TEACHER TO COMPLETE THE PROCESS**

**LIMITED CRIMINAL HISTORY BACKGROUND CHECK RELEASE FORM**

The applicant's signature below permits Sunman-Dearborn Community Schools to perform a limited criminal history background check on the applicant.

**PLEASE NOTE: THIS MAY TAKE UP TO TEN (10) BUSINESS DAYS TO GET THE RESULTS.**

\_\_\_\_\_  
Legal First Name (printed)      MI      Last Name (printed)

\_\_\_\_\_  
Birth date (mm/dd/yy)      Birthplace (City, State)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip      Phone #

\_\_\_\_\_  
Student(s) name (if applicable)      Teacher Name

\_\_\_\_\_  
Applicants Signature

**DO NOT WRITE BELOW THIS LINE**

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\_\_\_\_\_  
Sunman-Dearborn Employee Processing Request      Date