

**CRIMINAL HISTORY RECORD CHECK AUTHORIZATION FORM**  
**USE FOR APPLICANT PURPOSES**  
**(PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK INK)**

\_\_\_\_\_

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MI</b>	<b>SUFFIX</b>
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**ALIASES: MAIDEN / PREVIOUS LAST NAMES**

\_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_      **SOCIAL SECURITY #** \_\_\_\_-\_\_\_\_-\_\_\_\_

**SEX** \_\_\_\_      **RACE** \_\_\_\_      **HEIGHT** \_\_\_\_      **WEIGHT** \_\_\_\_      **EYES** \_\_\_\_      **HAIR** \_\_\_\_

**PLACE OF BIRTH (STATE/COUNTRY)** \_\_\_\_\_      **CITIZENSHIP (COUNTRY)** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_      **ZIP:** \_\_\_\_\_

**TELEPHONE NUMBER:**      **HOME/CELL** (\_\_\_\_) \_\_\_\_\_      **Work:** (\_\_\_\_) \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION:**

As an applicant 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 privilege nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage, which may result from furnishing this information:

**SIGNATURE OF APPLICANT:** \_\_\_\_\_      **DATE:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18):** \_\_\_\_\_

**USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.**

OFFICIAL USE ONLY

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<p><b><u>University of Delaware</u></b> AGENCY</p>	<p><b>STUDENT TEACHING</b> <b>11 DECA 8590</b></p>	
	<p><b>REASON FINGERPRINTED</b></p>	<p>____/____ Code / Time</p>