

# Background Check Authorization

## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830

Date: \_\_\_\_\_

AHS  AJ West  Central Park  Harbor High  Hopkins/Snug Harbor   
McDermoth  Miller Junior High  Stevens  Robert Gray

### **Applicant of Inquiry** (Please provide as much information as possible, name and date of birth are mandatory)

Applicant's Name: \_\_\_\_\_

Alias/Maiden Name(s) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

I am the person listed above. I give permission to the Aberdeen School District to check my background with any governmental entity and/or law enforcement agency. I understand that a copy of any response received pursuant to such inquiry will be made available to me upon request.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Human Resources Use Only:**

Authorization Form complete: Yes No

Results reviewed by: \_\_\_\_\_

Date reviewed: \_\_\_\_\_

Cleared for regular/volunteer work: Yes No

Not cleared. Further evaluation required. Yes No