

**West Delaware County Community School District
Local Criminal Background Check Release**

_____ Last Name First Name Middle Name

Maiden Name, if applicable

_____/_____/____ Date of Birth Sex _____ - _____ - _____ Social Security Number

I hereby give permission for the West Delaware County Community School District to conduct a Local Criminal History Record Check with law enforcement agencies in Delaware County. Any information maintained by local law enforcement agencies may be released as allowed by law.

_____ Signature _____ Date

_____ Signature of School Official _____ Date

_____ Faxed Background Check on: _____

Results

As of _____ a Local Criminal History Record Check revealed:

_____ Criminal History Record(s) attached

_____ No Criminal History Record found

Signature or Initials of Local Law Enforcement Employee