## MSD OF NORTH POSEY COUNTY

## RELEASE FORM FOR LIMITED CRIMINAL HISTORY BACKGROUND CHECK

By signing this form, I give my permission for the MSD of North Posey County to run a limited criminal history background check by computer. This background check is necessary for the following reason(s): Substitute Teacher/Employee Employment \_\_\_\_\_\_ Coach \_\_\_\_\_\_School/Sport Teacher License Renewal Other (Please Explain) Signature\_\_\_\_\_ Date\_\_\_\_ **Please Print the Information Below:** Name\_\_\_\_\_\_First Middle Last Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male Female