



## Background Check Release - Contractor

### Please complete the following information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ State of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

### Applicant Authorization

**I understand the information I am providing above will be used only for the purpose of obtaining criminal record information. I authorize Regional Office of Education #8 to complete a criminal background check. In addition, I authorize my criminal background check to be shared with the necessary school district(s) and/or current employer**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I authorize the Regional Office of Education #8 to electronically store my fingerprints and to resubmit with my consent.