

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

_____ **LAST NAME** _____ **FIRST NAME** _____ **MI** _____ **SUFFIX**

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: (____) _____

*** COMPLETE IF MAILING RESULTS TO DIFFERENT ADDRESS OTHER THAN YOURSELF:**

NAME/COMPANY: DEPARTMENT OF TRANSPORTATION
ADDRESS: DELDOT ADMINISTRATION BLDG
800 BAY ROAD
P.O. BOX 778
DOVER, DELAWARE 19903

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:

NOTIFICATION:

If mandated by state statute, your fingerprints will be used to check the criminal history records of the FBI. You will be given the opportunity to complete or challenge the accuracy of the information contained in the FBI criminal history record by the official to whom you have authorized this information be disseminated.

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

_____ **AGENCY** _____ **SCHOOL BUS** _____ **CODE** / _____ **TIME**
_____ **DRIVER APPLICANT** _____
_____ **21 DECA 2708(a)** _____

REASON FINGERPRINTED