

**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