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: (_____) _____

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 BELOW

Delaware State University
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CODE **TIME**