



**CONFIDENTIAL**

Indiana State Police Limited Criminal History Request Authorization

Print Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_

*I understand this information will be used to provide Greenwood Schools a limited criminal history check from the Indiana State Police. The information contained in this application is correct to the best of my knowledge.*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_