CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

I AUTHORIZE TOM BEAN INDEPENDENT SCHOOL DISTRICT TO OBTAIN COPIES OF ANY INFORMATION PERTAINING TO ANY CRIMINAL HISTORY RECORD MAINTAINED BY ANY LAW ENFORCEMENT AGENCY AND TO USE SAID INFORMATION FOR THE PURPOSE OF EVALUATION. ALL INFORMATION IS CONFIDENTIAL.

NAME _____
LAST FIRST MIDDLE

MAIDEN NAME/PREVIOUS LAST NAMES_____

PHYSICAL ADDRESS_____STATE_____ZIP_____

PREVIOUS ADDRESS_____STATE_____ZIP_____

SEX _____RACE_____ SOCIAL SECURITY NUMBER_____

DATE OF BIRTH_____ DRIVERS LICENSE_____
(STATE AND NUMBER)

SIGNATURE_____DATE_____

WITNESS_____DATE_____