

*Authorization for an*  
**Indiana State Limited Criminal History Check**

Indiana State law and Greenfield-Central Community School Corporation policy requires that any individual who has contact with, care of, or supervision over any student in the School Corporation will undergo a limited criminal history background check.

Please provide the following information and then sign and date the form authorizing Greenfield-Central Community School Corporation to check your criminal arrest and conviction records and release on investigatory information possessed by any private or public employer or any state, local or federal agency.

NAME: \_\_\_\_\_

(Please print your name as it appears on your drivers license)

ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GENDER:    \_\_\_\_\_ Female                      \_\_\_\_\_ Male

SOCIAL SECURITY NUMBER: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_