

PO BOX 144103
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REQUEST FOR BACKGROUND RECORD BACKGROUND SCREENING

Version: 8/11/2026

REQUESTOR INFORMATION			
NAME			DATE
DATE OF BIRTH	PHONE	SOCIAL SECURITY NUMBER	
ADDRESS			
CITY	STATE	ZIP	POSITION
E-MAIL ADDRESS			
PROGRAM/PROVIDER WHERE EMPLOYED			
Reason for requesting copy of background record			
What program was the background processed for?			
☐ Child Care ☐ Emergency Medical Services ☐ Covered Health Care Facility ☐ Foster Care or Adoption ☐ Juvenile Justice or Youth Transport ☐ Congregate Care Program ☐ Residential Support Program ☐ Substance Abuse or Mental Health Program			
SIGNATURE		DATE	