SCHOOL MENTOR PROGRAM
CRIMINAL HISTORY RECORD SCREENING AUTHORIZATION

(Please type or print all information in black ink)

NAME OF VOLUNTEER:

_____
LAST NAME FIRST NAME MIDDLE SUFFIX

ALL OTHER FULL NAMES USED IN THE PAST:

1. _____

2. _____

3. _____

DATE OF BIRTH:_____**RACE:**_____**SEX:** _____
MONTH DAY YEAR

SOCIAL SECURITY #: _____

ADDRESS: _____
STREET

_____
CITY STATE ZIP

TELEPHONE NUMBERS:( )_____ ( ) _____
HOME WORK

SCHOOL DISTRICT:_____ **CONTACT PERSON:**_____

AUTHORIZATION TO RELEASE INFORMATION:
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 privileged nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage that may result from furnishing this information.

_____
SIGNATURE DATE

STATE BUREAU OF IDENTIFICATION USE ONLY:

_____
SIGNATURE/DATE

No Delaware Criminal History Record based on a name and date of birth check.

_____
SIGNATURE/DATE

The Delaware Criminal History Record is attached.

The Criminal History Record check is based on a name and date of birth only. No fingerprints were provided. Fingerprints provide the only "positive" means of determining whether an individual has a Delaware Criminal History Record.

Forms should be mailed to:
Delaware State Police
Criminal History Section
P.O. Box 430
Dover, DE 19903

For information or questions call:
1-800-464-4357 or 302-739-2528
Fax: 302-739-5888