LIMITED CRIMINAL HISTORY SEARCH New Albany-Floyd County Consolidated School Corporation Utilizing the Indiana State Police Website

Volunteer/Chaperone

Criminal History Results valid July 1stthrough June 30thof each school year.

PLEASE PRINT

Legal Name:				
	(First Name)	(Middle Initial)	(Last Name)	
Date of Birth: (Mor	nth) (Day) (Year)	Race: _		
Sex:	_Male	Female		
Requesting to Volur	nteer/Chaperone at: <u>Grar</u>	<u>nt Line Elementary</u> (School Name)		
Student(s) Name(s)	:			
requested through t	he Indiana State Police w		at the Limited Criminal History in ed and will not utilize it for any oth orized personnel.	
Signature of	Volunteer/Chaperone		Date	
For Office Use Only		ived information regarding ab eiving information regarding a		