

Request for Limited Adult Criminal History Information

**Delphi Community School Corporation
Request for Limited Adult Criminal History Information**

REASON FOR REQUEST: School Corporation, Non-Public School or Special Education Cooperative (Kindergarten – Grade 12).
Per IC 10-13-3-36

Name _____

Address _____

City State Zip Code

Date of Birth _____MM/DD/YYYY

Race _____ Sex _____

Have you been convicted of a felony in Indiana or any other state? _____

Are you required to carry an offender card for Indiana or any other state? _____ I affirm, under penalty of perjury, that the Limited Criminal History Information requested will be used as specified.

PRINT Name of Requester

Signature of Requester

Date