LIMITED CRIMINAL HISTORY SEARCH

Requested by the Lanesville Community School Corporation
Utilizing the Indiana State Police Website

Volunteer/Chaperone

Criminal History Results valid July 1st – June 30th of each school year

PLEASE PRINT:

Legal Name: _____
(Last Name) (First Name) (Middle Initial)

Address: _____
(City) (State) (Zip)

Date of Birth: _____
(Month) (Day) (Year)

Sex: _____Male_____ Female

Race: _____

Reason for Request: _____

The Lanesville Community School Corporation Affirms that the Limited Criminal History Information requested will be used as specified and will not utilize it for any other purpose.

_____ _____
Signature of Volunteer/Chaperone **(Date)**

For Lanesville Community Use Only

Date Requested/Received information regarding above subject_____

Person Requesting/Receiving information regarding above subject_____