



Appoquinimink School District

School Mentoring 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: Male Female SSN: _____

Address: _____
Street City State Zip

Phone Number: (Home) _____ (Work) _____

CONTACT PERSON: Iazia Jones, District Mentoring Coordinator
c/o Silver Lake Elementary School
200 Cochran Street, Middletown, DE, 19709
302-378-5023 ext. 206

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: 302-739-2528 Local
1-800-464-4357 Toll Free
302-739-5888 Fax