



DANVILLE COMMUNITY SCHOOL CORPORATION

200 WARRIOR WAY DANVILLE, IN 46122 PHONE: 317-745-2212 FAX: 317-745-3924
www.danville.k12.in.us



REQUEST FOR LIMITED CRIMINAL HISTORY SEARCH

This criminal history search will be used for the specific purpose of screening prospective volunteers for our school corporation. This form is to be completed and signed by the person who is requesting to volunteer in our district. We must have ***legal names*** only.

Please Print

First Name _____ MI _____ Last Name _____
(Please do not use nicknames or abbreviations.)

Home Address _____

City _____ State _____ Zip _____

Home Phone Number (_____) _____

Date of Birth: Month _____ Day _____ Year _____

Race _____ Sex _____

My signature indicates that the information I have provided for this criminal history check is accurate to the best of my knowledge.

Signature _____ Date _____

Student's Name (If applicable) _____

For Office Use Only

Principal's Initials _____ Date _____

Date _____ Status _____ Initials _____