CELINA INDEPENDENT SCHOOL DISTRICT
CRIMINAL HISTORY INFORMATION REQUEST
CONFIDENTIAL

ALL REQUESTED INFORMATION MUST BE COMPLETE.

Primary School Celina Elementary O'Dell Elementary Junior High (6-8) High School

_____ _____ _____
LAST NAME FIRST NAME MI

CURRENT ADDRESS:_____
City State 75009

_____ _____ _____
SOCIAL SECURITY # DRIVER'S LICENSE # DATE OF BIRTH

_____
PERSONAL E-MAIL ADDRESS Phone Number

I understand that the information I am providing will only be used for the purpose of obtaining criminal history record information.

_____
Signature

_____
Date

FOR CISD USE ONLY

BACKGROUND CHECK COMPLETED ON:_____ CONDUCTED BY:_____