SAINT JOSEPH SCHOOL 991 Pilgrim Way Green Bay, WI 54304

PERMISSION FOR A BACKGROUND CHECK

WISCONSIN CRIMINAL HISTORY SINGLE NAME RECORD REQUEST

If you will be volunteering for activities that involve students, please complete this form to enable us to complete a background check. The information requested will remain confidential. Please print clearly as you complete the form below. Thank you.

DATE_____

STUDENT NAME(S) _____

Search for a Record on: (Please type o	or print legibly)			
NAME:				
(Last)	(Fi	(First)		(Middle)
SEX: RACE:	DATE of BIRTH:	DATE of BIRTH:		
		(Mo)	(Day)	(Year)
* Social Security Number only upon reques	st.			

Please return this form to school as soon as possible.

You may drop if off at the school office or return it to school in the weekly Family Envelope for your convenience. Thank you.