



## RICHLAND SCHOOL DISTRICT TWO

### Criminal History Release Form

When I submitted an application for employment with Richland School District Two, I authorized Richland School District Two to conduct a background investigation and I authorized the release of information in connection with my application for employment. In signing below, this is to confirm that I authorize any state or local law enforcement division in the country to release all criminal record information pertaining to me to Richland School District Two.

\_\_\_\_\_  
Full Name (print: Last, First, and Middle Name)

\_\_\_\_\_  
Alias/Maiden names

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Month, Day and Year of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date