Delphi Community School Corporation
Request for Limited Adult Criminal History Information

REASON FOR REQUEST: School Corporation, Non-Public School or Special Education Cooperative (Kindergarten – Grade 12).
Per IC 10-13-3-36

Name _____ _____
First Last

Address _____

_____
City State Zip Code

Date of Birth _____
MM/DD/YYYY

Race _____ Sex _____

Have you been convicted of a felony in Indiana or any other state? _____

Are you required to carry an offender card for Indiana or any other state? _____

I affirm, under penalty of perjury, that the Limited Criminal History Information requested will be used as specified.

_____
PRINT Name of Requester

_____
Signature of Requester

_____
Date