

**REGISTRY SEARCH  
NAME SEARCH REQUEST FORM FOR CRIMINAL HISTORY RECORD AND SEX OFFENDER  
STUDENT TEACHERS, INTERNS, PRACTICUM, BLOCKING AND OBSERVATION STUDENTS**

Please complete the following information and submit to:  
**Paula Williams**, Administration Office, Roanoke County Public Schools  
5937 Cove Rd. NW Roanoke, VA 24019 540-562-3900 ext. 10202 ([pbwilliams@rcps.us](mailto:pbwilliams@rcps.us))

**IN COMPLETING THIS FORM-PLEASE PRINT LEGIBLY**

ARE YOU A CURRENT EMPLOYEE OF ROANOKE COUNTY SCHOOLS  YES  NO

IF YES, WHAT LOCATION: \_\_\_\_\_

**If YES, DO NOT SEND A \$20 CHECK BUT DO COMPLETE THIS FORM AND SEND IN.**

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?** \_\_\_\_\_

**IF YES, PLEASE EXPLAIN:** \_\_\_\_\_

\_\_\_\_\_

Name of College you are attending \_\_\_\_\_

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME (REQUIRED)

\_\_\_\_\_  
MAIDEN NAME (\*FEMALES, LAST NAME BEFORE YOU WERE MARRIED)

PHONE # WITH AREA CODE \_\_\_\_\_

SEX (PLEASE CHECK)  MALE  FEMALE

RACE (PLEASE CHECK)  African American  White  Indian Alaskan  Asian  Pacific Islander

BIRTH DATE \_\_\_\_\_  
(MM/DD/YYYY)

EMAIL ADDRESS: \_\_\_\_\_

RCPS Placement: \_\_\_\_\_

**PLEASE ATTACH A \$20.00 CHECK, MADE PAYABLE TO ROANOKE COUNTY PUBLIC SCHOOLS**

I attest that the information given on the Background Check form is correct. I hereby authorize the Superintendent of Schools to obtain any criminal history and sex offender information concerning me. I further authorize the Virginia State Police to release to the Superintendent of Schools or their designee any criminal history record information obtained from the Central Criminal Records Exchange, National Criminal Information Network and Sex Offender Registry.

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_