

ROCKINGHAM COUNTY PUBLIC SCHOOLS

**NAME SEARCH REQUEST FORM FOR CRIMINAL HISTORY RECORD AND
SEX OFFENDER REGISTRY SEARCH**

Student Teachers

Please complete the following information and contact:
Shanna Allen, HR Secretary, Rockingham County Public Schools
100 Mount Clinton Pike, Harrisonburg, VA 22802, (540) 564-3220
(sallen@rockingham.k12.va.us)

DATE _____

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

MAIDEN NAME _____

SEX _____
(Male, Female)

RACE _____
(African American, Caucasian, Indian, Alaskan, Asian, Pacific Islander)

DATE OF BIRTH _____
(MM/DD/YYYY)

SOCIAL SECURITY # _____

PHONE # WITH AREA CODE _____

E-MAIL ADDRESS _____

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** ____/____/____