

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 _____ SUFFIX (SR., JR.) _____

FIRST NAME _____ MIDDLE NAME _____

MAIDEN NAME _____

GENDER _____ RACE _____ HEIGHT _____ WEIGHT _____

EYE COLOR _____ BIRTHDAY _____ BIRTH STATE/COUNTRY _____

SOCIAL SECURITY # _____

PHONE (w/area code) _____

E-MAIL ADDRESS _____

UNIVERSITY _____ SCHOOL PLACEMENT _____

PURPOSE Student Teaching Practicum Placement Nursing Placement
Psychology Field Experience Counseling Internship Other: _____

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** ____/____/____