

BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATION

ADMINISTRATION BUILDING
1200 CENTRAL AVENUE
COLUMBUS, INDIANA 47201
Criminal History Authorization Form

Volunteers Only

Last Name

First Name

Middle Name

Suffix (Junior, Senior, etc.)

* - -

Date of Birth (MMDDYYYY)
Example (09-14-1956)

M=Male,

A=Asian/Pacific

I=American Indian/ Alaskan

Sex F=Female

Race**

W=White

B=Black

U=Unknown

M=Multiracial

Address

City

State

Zip

County

- -

Phone Number

* Must be 18

** As found on Indiana State Police Limited Criminal History Form

Authorization Form for Volunteers

During the application process and at any time during the volunteering, I hereby authorize BCSC to conduct a background check (criminal background, sex offender registry, and other records where required by local state, or federal law).

The background checks will be completed through two services:

- 1. The Limited Adult Criminal History Information through accessIndiana and the Indiana State Police (no cost) and
- 2. The Sex Offenders Registry will be checked at no charge

Signature

Date

Challenging the reports:

An individual may challenge the information contained in the person's **criminal history data file** 10-13-3-31. The cost for challenging the Limited Adult Criminal History Information is \$10.00. Information will be provided upon request.

Emergency Contact: _____
Relationship: _____
Telephone #: _____