

Child & School Age Care Background Screening Cover Sheet

Program Name: _____

Mailing Address: _____

Phone Number: _____

Email: _____

License Number: _____

Contact Person: _____

Results will be e-mailed to the address above unless indicated below

please mail the results

Enclosed are DCI and FBI fingerprint cards, Declaration of Prior Criminal Conviction, and the Permission to Screen for Reports of Abuse or Neglect forms for the following individuals:

Check if fingerprints were submitted via Live Scan

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____