



SECTION 3: SUBJECT OF THE BACKGROUND CHECK

First Name:	Full Middle Name(no initials): <input type="checkbox"/> No Middle Name	Last Name:	
Below, list any other name combinations you use or have used in the past, including married and maiden names. If you do not provide every name, you may receive inaccurate results.			
Other First Names:			
Other Middle Names:			
Other Last Names:			
<input type="checkbox"/> The person does not have any other name combinations.			
Current Mailing Address:			
City:		State:	ZIP Code:
Social Security Number:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone Number:
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander	
In the following boxes, list any other cities in Texas where you lived. (Attach separate page if needed.)			

SECTION 4: RELASE OF RESULTS

As the subject of the request, you have the right to receive the results of this check and to share them with any third party. If this section is blank, DFPS will assume you do not want a copy of the results. If you would like a copy of the results sent to you, please select the appropriate box.

- Subject's Email (preferred method):
- Mail (Results will be sent to the mailing address listed in Section 3.)

SECTION 5: DESIGNEE

Contact Name: Kyli Hill	Title: P.A.II	Phone Number: 605-773-3612
Email Address: dsscra@state.sd.us	Agency or Organization Name: Office of Licensing & Accreditation	