

SAU # 9 Criminal History Records Check Tracking Form

Applicant: Please complete the top portion of this form and return with your fingerprints.

Name: (Last) _____ (First) _____ (Middle) _____

Physical Address: _____

Mailing Address: _____

Date of Birth: _____

Telephone #'s:

Home: _____ Work: _____ Cell: _____

LIVESCAN TRACKING #:

DATE SCANNED:

(SAU #9 OFFICE USE ONLY)

Complete Criminal History Records Check Packet Received

Date: _____

Initials: _____

- Notarized NHSP Criminal History Records Release form
- Applicant LIVESCAN Fingerprinting & Tracking Receipt
- Payment for Criminal History Check

Criminal History Records Check Packet Mailed Out

Date: _____

Initials: _____

NHSP Criminal History Records Release Form stamped
"No Qualifying Record" **arrived** at SAU #9 Office:

Date: _____

Initials: _____

Destroyed on:

Date: _____

Initials: _____

Federal Educational Background Search Results stamped
"No Qualifying Record" **arrived** at SAU #9 Office.

Date: _____

Initials: _____

Destroyed on:

Date: _____

Initials: _____

Employee

Volunteer

SAU #9 Contact: _____

Contracted Services

Substitute

CONFIDENTIAL