



Child Sex Offender List checked by \_\_\_\_\_ on \_\_\_\_\_  
(mandatory)

Statewide Sex Offender Database checked by \_\_\_\_\_ on \_\_\_\_\_

**To be completed by the Building Principal:**

Will the individual be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a criminal history records check would be prudent?

- Yes
- No

If "yes", and provided the individual authorized the criminal history records/background check, please provide the following:

Date that the check was requested \_\_\_\_\_

Date that the check was received and reviewed \_\_\_\_\_

Check reviewed by (please print) \_\_\_\_\_

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date