



INDIANA STATE POLICE
CRIMINAL INVESTIGATION DIVISION

REQUEST FOR BACKGROUND CHECK-INFORMATION FORM

LEVEL I LEVEL III

NAME: _____ (Maiden Name _____)

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE #'s HOME: _____ WORK: _____

DATE OF BIRTH: _____ SS#: _____

DRIVERS LICENSE TYPE: OPER OP/MC PP/CHAUF CHAUF ID

DRIVERS LICENSE NUMBER: _____ EXPIRES _____

RESTRICTIONS: _____

SEX: M F RACE: _____

JOB TITLE: _____

OCCUPATION: _____

PROFESSIONAL LICENSES HELD: _____

LICENSE NUMBER: _____

EXPIRATION: _____



STATE OF INDIANA

INDIANA STATE POLICE

INDIANA GOVERNMENT CENTER NORTH
100 NORTH SENATE AVENUE

INDIANAPOLIS, INDIANA 46204-2259
www.state.in.us/isp

AUTHORIZATION TO RELEASE INFORMATION

I, _____ hereby authorize any person, agency, partnership, or corporation having any information concerning my background (including any State tax information), credit record, educational record, employment record, medical record, selective service record, record of any disciplinary proceeding with the Indiana Supreme Court Disciplinary Commission, or license complaints filed with the Attorney General's Office, to release such information to the Indiana State Police Department. This information is to be used for possible employment with the State of Indiana and will not be available for public inspection.

I hereby release such person, agency, partnership, or corporation from any liability which may be incurred in release this information to the Indiana State Police Department including liability under any Federal Law.

Signature

Date of Birth

Social Security Number

Date

Witness

INTEGRITY • SERVICE • PROFESSIONALISM