



## Request for a Copy of Criminal History Background Check

### Educator Information, Print Clearly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Former Name(s): \_\_\_\_\_


Last Four Digits of Your SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SEID #: \_\_\_\_\_

### Fingerprint Result Information

I am requesting a copy of my current fingerprints that were completed on \_\_\_\_\_.

DATE

Per [ARM 10.57.201A\(7\)](#) Each applicant who is the subject of a criminal history background check is entitled to receive a copy of the report from the Superintendent of Public Instruction with the appropriate identification and signed release. The applicant may challenge the accuracy and completeness of any information contained in any such report through the Montana Department of Justice procedures.

 Please include proof of identity by submitting one of the following: a copy of a current valid driver's license, state issued ID, non-drivers identification, a certified copy of a birth certificate, an unexpired military identification card, or a valid, unexpired passport along with this form.

If the Office of Public Instruction has any reason to believe that the applicant is falsifying an identity, the request will not be fulfilled.

### Signature

I certify that the information provided is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A copy of your fingerprint report that was submitted to the Office of Public Instruction for Educator Licensure purposes will be mailed to the address you have provided on this application.