



INDIANA DEPARTMENT OF CORRECTION

Facility/Parole District/Central Office

Reason For Background Check

By the person's signature on this letter, he/she is aware of and has agreed to a criminal history check through the Indiana Department of Correction as part of a background investigation. This person is aware that the information received will be considered in our determination of approval or denial of employment, volunteer and visitation that this information will only be shared on a need to basis.

Please **print** clearly and fill in with the correct information.

Last name	First	Middle	Maiden
Street Address	City	State	Zip Code
Address last five years	City	State	Zip Code
Date of Birth	State of Birth	Social Security number	Driver License Number
State of Driver License	Sex	Race	Weight
Height	Hair	Eyes	Felony conviction yes_or_no_ If yes ,explain on back
Last Employer	Address	City	State

Signature of Applicant

Authorization Signature