

**STATE OF DELAWARE
DEPARTMENT OF SAFETY AND HOMELAND SECURITY
DIVISION OF STATE POLICE
P.O. BOX 430
DOVER, DELAWARE 19903**

NAME OF PRIVATE SCHOOL:

SCHOOL ADDRESS:

NAME OF INDIVIDUAL THAT WILL RECEIVE CRIMINAL HISTORY FOR REVIEW:

PHONE NUMBER:

EMAIL:

SIGNATURE: _____ **DATE:** _____

Please return completed form to Doug Hegman at Doug.Hegman@delaware.gov or fax to 302 739 5888.