

**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 Teresa Jones at [Teresa.jones@state.de.us](mailto:Teresa.jones@state.de.us) or fax to 302 739 5888.

04/10/17