

# Criminal History Request

Name: (Please Print) \_\_\_\_\_  
Last First Middle

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Other Names Used)

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hispanic or Latino?  No, not Hispanic or Latino  Yes, Hispanic or Latino

Race: (Choose one or more)  American Indian/Alaska Native  Asian  
 Black or African American  White  
 Native Hawaiian or Other Pacific Islander

Have you ever lived or worked out of state? (Please circle one) NO YES If yes, which state(s)?

Have you ever been convicted\* of a crime or do you presently have any pending charges other than minor traffic violations? (Please circle one) NO YES If you circled YES, please fill in the information below.

\*CONVICTION means the final judgment of a verdict or a finding of guilty, a plea of guilty or a plea of no contest, in any state or federal court of jurisdiction in a criminal case, regardless of whether an appeal is pending or could be filed. Conviction does not include a final judgment which has been expunged by pardon, reversed, set aside or otherwise rendered invalid.

Conviction Charge	Date of Conviction	Charge
City, State	Sentence	Remarks

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I understand and agree that:

- The Sun Prairie Area School District will conduct a criminal background investigation.
- Until that investigation is completed and reviewed, I am a conditional volunteer.
- All information given by me in this disclosure is true and correct without omissions of any kind.
- The district shall not be held liable in any respect if my volunteer status is terminated because of false statements or omissions made by me in this disclosure statement. Any omissions or false statements made by me in this disclosure, no matter when discovered, may be grounds for termination of my volunteer status.
- I will not hold the Sun Prairie Area School District or its representative liable for any damage which may result from the furnishing and receiving of this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
E-mail Address

To help offset expenses, we would appreciate a \$7.00 donation to cover the cost of processing the criminal background request. You may send cash or make check payable to SPASD