

**New Albany-Floyd County Consolidated School Corporation
Utilizing the Indiana State Police Website**

Volunteer/Chaperone

Criminal History Results valid July 1st through June 30th of each school year.

PLEASE PRINT

Legal Name: _____
(First Name) (Middle Initial) (Last Name)

Date of Birth: _____ Race: _____
(Month) (Day) (Year)

Sex: _____ Male _____ Female

Requesting to Volunteer/Chaperone at: _____
(School Name)

Student(s) Name(s):

The New Albany-Floyd County Consolidated School Corporation affirms that the Limited Criminal History Information requested through the Indiana State Police website will be used as specified and will not utilize it for any other purpose. Information received will be confidential and utilized only by authorized personnel.

Signature of Volunteer/Chaperone

Date

For Office Use Only: Date requested/received information regarding above subject _____
Person requesting/receiving information regarding above subject _____