

Name of Student: \_\_\_\_\_



PORTLAND  
VILLAGE  
SCHOOL

a public charter school

**Consent for Criminal Background Check**

*Your signature below authorizes Portland Village School and Criminal Information Services, Inc. to obtain information about you from (if applicable) various law enforcement agencies, courts, and corrections agencies.*

**Please complete all information below legibly.**

Full Legal Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_  
(Maiden, alias', legal name change, etc)

Date of Birth: \_\_\_\_\_ License Number: \_\_\_\_\_ State: \_\_\_\_\_

Current Address: \_\_\_\_\_

Have you ever been convicted of any crime? Yes \_\_\_ No \_\_\_

If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I have reviewed and completed this form as applicable to me. I give Portland Village School permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original.*

*By my signature, I affirm that all information on this form is true and accurate.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Office Use Only:

Completed by: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Approved: \_\_\_\_\_