



GALENA PARK INDEPENDENT SCHOOL DISTRICT

CRIMINAL HISTORY REVIEW PERMISSION FORM

PLEASE PRINT LEGIBLY.

Student Teaching:

_____ Alternative Certification Program
Name of Program

Please attach Statement of Eligibility from Alternative Certification Program requesting Observation hours.
Observation for:

_____ College/University
Name of College/University

Please attach documentation from College/University requesting Observation hours.

Course _____ Instructor _____ Hrs_Needed _____

Campus Requested _____ Grade Requested _____

Full Name _____
(Print) Last First Middle Maiden

Address _____
Street City County State Zip Code

Social Security No: _____ Date of Birth: _____
MM/DD/YY

Sex: Male _____ Female _____

Ethnicity: African American _____ American Indian _____ Asian American _____
Caucasian _____ Hispanic _____

Driver's License # or ID#: _____ State: _____

List all previous addresses beginning with the most recent (use reverse side of paper for additional space).

From/To	City or Town	County	State
____ / ____			
____ / ____			
____ / ____			

Email Address _____ Phone # _____

Signature _____ Date _____

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**For Office Use**

Documentation from ACP/University: Attached \_\_\_\_\_ Pending \_\_\_\_\_

CH Submitted \_\_\_\_\_ Returned \_\_\_\_\_ Clear \_\_\_\_\_ Hit \_\_\_\_\_

Date of Appointment to pick up approval letter \_\_\_\_\_ Rev.03.23.2011