

# GALENA PARK INDEPENDENT SCHOOL DISTRICT

## CRIMINAL HISTORY REVIEW PERMISSION FORM

**All fields required.**

School Official Submitting Request: \_\_\_\_\_ Campus Submitting Request: \_\_\_\_\_  
 (Office use only)

Check if applicable:

\_\_\_\_\_ Student Teaching for \_\_\_\_\_ University \_\_\_\_\_ Volunteer

\_\_\_\_\_ Observation for \_\_\_\_\_ University \_\_\_\_\_ Field Trip

\_\_\_\_\_ Contract Services

Student(s) Name	Grade	Teacher's Name	Campus

\_\_\_ Parent \_\_\_ Grandparent \_\_\_ Other \_\_\_\_\_ (If other, please specify)

Full Name \_\_\_\_\_  
 (Print) Last First Middle Maiden

Address \_\_\_\_\_  
 Street City County State Zip Code

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 MM/DD/YY

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Indian \_\_\_\_\_ White \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_