

Lockwood School District #26 Request of Redissemination of Background Check Information

First Name	Middle Name	Maiden Name	Last Name
------------	-------------	-------------	-----------

Street	City	State	Zip
--------	------	-------	-----

Telephone	Date of Birth:	Month	Day	Year
-----------	----------------	-------	-----	------

The undersigned requests and expressly authorizes you to send a photocopy of the Criminal History Background Check report generated as part of my application to Lockwood School District #26. I am applying for or have been accepted for enrollment or as an employee of Lockwood School District #26.

Background Check Report to be sent to: Lockwood School District #26, a Montana public school district.

Address: 1932 US Highway 87 E, Billings, MT 59102
Telephone: 406-252-6022 Option #4
Fax: 406-259-2502
Contact Person: Melissa Kittelmann, Administrative Secretary

Signature of Applicant

Date

SEND REQUEST TO:
FAX NUMBER:
ADDRESS: