CRIMINAL HISTORY CONSENT

United Tribes Technical College

I authorize United Tribes Technical College to receive any criminal and/or driver's history record information pertaining to me which may be in the files of any state, federal or local criminal justice agency. Further, I give consent to the college to perform periodic criminal history background checks for the duration of my pre-service teacher candidacy, which includes field experiences and student teaching. I understand that no agencies, or employees of those agencies, shall be responsible for the accuracy of information nor assume any liability for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this record check, and shall be immune from suit based upon such claims.

Last Name	First Name	Middle		Other Names Used
Street Address		City	State	Zip
Gender	Ethnicity	Date of Birth		Social Security Number
Home Phone	Cell Phone	Driver's	License# or State ID#	State Issued
Applicant Signati	ure			Date
	he Teacher Education Prog vith your application. This			nsent form, have it notarized, ssion to the program.
STATE OF	<u>-</u>			
COUNTY OF				
This document was acknowledged before me [Notary Seal]:		e me on Date	by Nam	e of Applicant
			Signature of Notary O	fficer
			Notary Public for the S My commission expire	State of es: