

REQUEST FOR REDISSEMINATION OF BACKGROUND CHECK INFORMATION

First Name	Middle Initial	Maiden Name	Last name	
Street		City	State	Zip Code
Telephone:			Date of Birth (00/00/00)	

The undersigned requests and expressly authorizes the Office of Field Experiences of the University of Montana to provide a copy of the Criminal History Background Check Report generated as a condition of my enrollment in the Teacher Education Program to _____ school district. I understand this authorization relieves the University of Montana's Teacher Education Program of all liability in connection with this release.

Signature _____ Date _____

The report can be sent in a sealed envelope or faxed to the fax number below. Results must be less than two years old to be used for field placements, student teaching, or licensure applications. The report can be used to fulfill the fingerprint check prerequisite for substitute teaching or employment.

Contact Person at school district	Fax:
	Phone:

Address:

Authorized Agent Responsible for Redisseminating Criminal History Background Check Report:
 Office of Field Experiences
 (406) 243-5387
 FAX: (406) 243-4908
 Date of Redissemination:

** Date the Criminal History Background Check Report was obtained is noted on the attached.*