

BACKGROUND SCREENING IDENTIFICATION and
VERIFICATION FOR RECEIPT of RESULTS

Name of Requestor:

D.O.B of Requestor:

Purpose for Request (Adoption/fostercare):

Date Copy of File Received in County Office:

Date File Given to Requestor:

Signature of Requestor:

***Attach a copy of the requestor's photo identification to this form.
Place the form in a file to be kept indefinitely in the county office.**

**** The requestor can only be the individual listed on the results and the results can only be released to that person!**