

Signature of faculty member: \_\_\_

## Center for Citizenship and Community

4600 Sunset Avenue Indianapolis, Indiana 46208-3485 OFFICE: (317) 940-8353

## REQUEST FOR CRIMINAL HISTORY INFORMATION

Please sign the authorization below and present this form for a criminal background check:

There is no fee for this limited background check per Indiana Code: 10-13-3-36 as a condition of classroom volunteer experience in the field. If you have any questions or concerns, please contact:

Hanako Gavia Center for Citizenship and Community Jordan Hall Room #109 317-940-8526

## RELEASE OF LEGAL LIABILITY AND AUTHORIZATION

I attest that I am attending Butler University and will be volunteering as a course requirement. This limited background check is a requirement of field and classroom experience. I hereby request that Butler University be officially informed of any records on file pertaining to me.

I hereby authorize the release of any information that the Indiana State Police may have on file pertaining to me. I further hereby release the Indiana State Police duly appointed representative from any and all liability for any injury or damage that may result from them furnishing information to Butler University concerning me.

I further release Butler University from any and all liability for any injury or damage that may result in allowing their representatives to view and obtain any criminal background information released per this request.

## PLEASE TYPE OR PRINT ALL INFORMATION

| Required information:  |                                       |
|--|---------------------------------------|
| Full Legal Name:   |                                       |
| Birth Date:  |                                       |
| The following information is not required. HOWEVER, pre receipt of criminal history information:   | oviding this information may expedite |
| Race:  |                                       |
| Place of Birth:  | Sex:                                  |
| Signature (that I have read, understand and agree to the above release):  Date:  |                                       |
| To be completed by a university representative:  The above named person is a confirmed enrolled student of Butler University a academic course work. This request for a limited criminal background check is |                                       |

Date: \_