

# CRIMINAL HISTORY REQUEST



If you would like a copy of your clearances that are on file in the district office, please complete the information below:

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Requesting Agency (if applicable):** \_\_\_\_\_

**Purpose of Inquiry:** \_\_\_\_\_

**Pick up date/time:** \_\_\_\_\_

If someone other than your self is picking up the clearances, please provide:

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

I understand the requested clearances are confidential and will only be shared if the above individual has given permission.

**Signature:** \_\_\_\_\_

Please send completed form to Mrs. Michelle Sarokon, Executive Secretary to the Superintendent, at [sarokonm@carliseschools.org](mailto:sarokonm@carliseschools.org) OR 540 W. North St., Carlisle, PA 17013

**Note: The Carlisle Area School District will not email scanned copies of the clearances because of security reasons.**