

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, Human Resources Coordinator, at 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.