

Lockwood School District #26 Request of Redissemination of Background Check Information

First Name	Middle Initial	Maiden Name	Last Name	
Street	City		State	Zip Code
Telephone	Date of Birth	Month	Day	Year

The undersigned requests and expressly authorizes you to send a photocopy of the Criminal History Background Check report generated as part of my application to Lockwood School District #26. I am applying for or have been accepted for enrollment or as an employee of Lockwood School District #26.

Background Check Report to be sent to: Lockwood School District, a Montana public school district.

Address: 1932 U.S. Highway 87, Billings, MT 59101-6699

Telephone: 406-252-6022

Fax: 406-259-2502

Contact Person: Susan Hankel, Administrative Secretary

Signature of Applicant	Date
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