



INDIANA STATE POLICE  
CRIMINAL INVESTIGATION DIVISION

REQUEST FOR BACKGROUND CHECK-INFORMATION FORM

LEVEL I  LEVEL III

NAME: \_\_\_\_\_ (Maiden Name \_\_\_\_\_)

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE #'s HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_

DRIVERS LICENSE TYPE:  OPER  OP/MC  PP/CHAUF  CHAUF  ID

DRIVERS LICENSE NUMBER: \_\_\_\_\_ EXPIRES \_\_\_\_\_

RESTRICTIONS: \_\_\_\_\_

SEX: M  F  RACE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PROFESSIONAL LICENSES HELD: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

EXPIRATION: \_\_\_\_\_



STATE OF INDIANA

INDIANA STATE POLICE

INDIANA GOVERNMENT CENTER NORTH  
100 NORTH SENATE AVENUE

INDIANAPOLIS, INDIANA 46204-2259  
[www.state.in.us/isp](http://www.state.in.us/isp)

AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_ hereby authorize any person, agency, partnership, or corporation having any information concerning my background (including any State tax information), credit record, educational record, employment record, medical record, selective service record, record of any disciplinary proceeding with the Indiana Supreme Court Disciplinary Commission, or license complaints filed with the Attorney General's Office, to release such information to the Indiana State Police Department. This information is to be used for possible employment with the State of Indiana and will not be available for public inspection.

I hereby release such person, agency, partnership, or corporation from any liability which may be incurred in release this information to the Indiana State Police Department including liability under any Federal Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

INTEGRITY • SERVICE • PROFESSIONALISM