

REQUEST FOR RESULTS
OF A
NATIONAL FINGERPRINT BACKGROUND CHECK

FROM THE
DHS-CFSD FINGERPRINT PROCESSING SECTION
P.O. BOX 268935
OKLAHOMA CITY, OK 73126

Please print clearly providing all information requested. Please sign and date form. Incomplete forms will result in the form and the fingerprint cards being returned.

PART A. APPLICANT INFORMATION

Phone Number: _____

Full Legal Name: _____
Last _____ First _____ Middle _____
Other Names Used (alias/maiden) _____
Date of Birth _____ City and State of Birth _____
Race _____ Sex _____ Soc Sec Number _____ Driver's Lic No./State _____ / _____
Mailing Address: _____
Marital Status: _____ Spouse's Name: _____
Have you ever been convicted of a crime? Yes _____ No _____
If yes, please explain: _____

PART B. Submitting Authority: Agency or Attorney or Home Study Provider who is handling this application.

Name: Shadow Mountain Behavioral Health System

Address: 5350 S. Western Suite 555 Oklahoma City, Oklahoma 73109

Phone Number: 405-631-4567

PART C. Applicant Release and Signature:

I am requesting a criminal background check and driving record for the purpose of applying to become a foster and/or adoptive parent. Please send a copy of the results of the National Fingerprint Background Check to my address listed in Part A.

Signature _____

Date _____

PLEASE NOTE: Results cannot be sent to the Submitting Authority. Results can only be sent to the applicant. The applicant may then give the results to the Submitting Authority. If the applicant chooses to keep the results private, then the applicant cannot continue in the process to become a foster and/or adoptive parent.

CONFIDENTIAL