

**BURLINGTON AREA SCHOOL DISTRICT
WISCONSIN CRIMINAL HISTORY
SINGLE NAME REQUEST**

The Burlington Area School District requires that all prospective employees submit the information necessary to perform a Criminal Background Check. This background check is submitted to the State of Wisconsin Department of Justice, Division of Law Enforcement Services. Please fill in the form below and return to:

Priscilla Crowley
Burlington Area School District
100 N. Kane Street
Burlington, WI 53105
Phone: 262-763-0210 Extension 102
pcrowley@basd.k12.wi.us

REQUIRED INFORMATION
Please type or print legibly

* **Name:** _____/_____/_____
(Last) (First) (Middle)

***Sex:** _____ ***Race:** _____ ***Date of Birth** ____/____/_____
(MM) (DD) (YYYY)

Other Identifying Data (Social Security Number, Maiden Name(s), Additional Names, etc.)
