



Local Criminal Records Check

Date _____

Dear Sheriff _____

Pursuant to Chapter 435, F.S. : The Education Team requests a local records check on the applicant listed below.

Full Name _____
Last First Middle Maiden/ aliases

Sex _____ Race _____ Date of Birth _____ Social Security Number _____

Current Address _____

City State Zip code

Previous Address (if less than 6 months) _____

City State Zip code

Name of Director /Address / phone numbers:



8950 Dr. Martin Luther King Jr. Rd. N. Suite 208
St. Petersburg, Fl. 33702

I give my permission to The Education Team to check and receive information on a local background check.

Print name

Sign name

Date