


Background Record Request
per HB 44 (Alaska Safe Children's Act)

PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER
MAILING ADDRESS		CITY	STATE ZIP CODE
HOME PHONE NUMBER		WORK OR MOBILE PHONE NUMBER	
HOME EMAIL ADDRESS			
BIRTHDATE (MM-DD-YYYY)		FORMER LAST NAME(S)	HIGHEST EDUCATIONAL DEGREE

It is the responsibility of the applicant to maintain current information, including name and mailing address, on file with the Teacher Certification office. All name changes must be supported with a photocopy of the legal document verifying the change.

I hold a valid teacher certificate issued under AS 14.20.015 through 14.20.025 (Initial, Professional, Master, Type B, Type C or a Limited Type M). I am applying for a position as a certificated teacher with supervisory access in a pre-school, child care facility, or residential child care facility. To satisfy the requirements of AS 47.05.310 (d) & (e), I am requesting the copies of my most recent criminal justice information and national history record checks. Please send the copies of my record checks to the following Alaska pre-school, childcare facility, or residential child care facility:

NAME OF PRE-SCHOOL OR FACILITY (INCLUDE NAME OF DISTRICT, IF APPROPRIATE)		CONTACT PERSON	
ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER		FAX NUMBER	

NOTARIZATION

State of _____ Date _____
(MONTH/DAY/YEAR)

_____ appeared before me
whose
(NAME OF APPLICANT)

identification I have verified on the basis of _____
(TYPE OF PHOTO ID)

to be the signer of this application and he/she acknowledged that he/she signed it.

(SIGNATURE OF NOTARY)

My commission expires: _____

If a notary is not available, a Postmaster may witness, date stamp, and sign this affidavit.

I certify under penalty of perjury that the statements made by me in this request are true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE