

RAMAH NAVAJO SCHOOL BOARD, INC.

PO BOX 10 ●Pine Hill, New Mexico 87357●(505) 775-3256 ●(505) 775-3799 FAX

OFFICE OF HUMAN RESOURCE

NAVAJO DEPARTMENT OF LAW ENFORCEMENT INQUIRY CHECK

REQUESTED UNDER P.L. 101-630, "THE INDIAN CHILD PROTECTION AND FAMILY VIOLENCE PREVENTION ACT" AND P.L. 101-647, "CRIME CONTROL ACT OF 1990, CHILD CARE WORKER EMPLOYEE BACKGROUND CHECKS".

FROM: Ramah Navajo School Board, Inc.
Human Resource Department
P.O. Drawer 10
Pine Hill, New Mexico 87357

TO: Navajo Police Department
Information Management Services
P.O. Box 3360
Window Rock, AZ 87615

Name: _____ Other Name(s) Used: _____

Date Of Birth: _____ Social Security No: _____ Census: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Reason for Request: **Employment**

Requested By: _____ Position Title: _____ Phone: _____

I authorize any investigator, or other duly accredited representative of the **Ramah Navajo School Board, Inc.**, who is conducting my background investigation to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to , or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by the records custodian and sources of information is for official use by the **Ramah Navajo School Board, Inc.** and only for the purpose of determining my suitability for an assignment to, or retention in a position working with children.

Signature Date

(ATTN: Notary- ensure document is signed in your presence and Name, DOB, SOC information is verified with a valid ID)

Subscribed and sworn to before me this _____ day of _____, 20_____.

(SEAL)

Notary Public

MY COMMISSION EXPIRES _____.