

The applicant listed below has applied to this company for consideration of a service provided by this company. As part of our policy, we are requesting a check of your arrest records to determine if the applicant has ever been convicted of any state or municipal violation in your jurisdiction.

The applicant has been made aware of our policy, and by his signature, is personally agreeable to release the requested information. All information will be held in strict confidence between the company and the applicant. A self-addressed, stamped envelope is enclosed for return mailing.

COMPANY NAME: Morris Jeff Community School
ADDRESS: P.O. Box 19227
CITY/STATE/ZIP: New Orleans, LA 70179
Aligha Hayes A. M. Daffee
Print Name of Company Official Signature of Company Official

As the applicant, I have been made aware of the above mentioned policy and I agree to the release of my Criminal History information to this company. _____, Date: _____
Applicant's Signature

APPLICANT INFORMATION (PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

NAME: _____ RACE: _____ SEX: _____
(First, Middle (if applicable), and Last)

MAIDEN NAME(S): _____
(Please give all names if married more than once.)

ADDRESS: _____ DATE OF BIRTH: _____
(Please include city and state.)

STATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

_____, Date: _____
Applicant's Signature

APPLICANT MUST INCLUDE A COPY OF DRIVER'S LICENSE OR STATE IDENTIFICATION CARD.

Make Check or Money Order in the amount of \$5.00 payable to the NEW ORLEANS POLICE DEPARTMENT.

Mail to: NEW ORLEANS POLICE DEPARTMENT
RECORDS AND IDENTIFICATION DIVISION
715 SOUTH BROAD STREET
NEW ORLEANS, LOUISIANA 70119

By this signature, I authorize the release of my arrest/conviction record and waive such legal rights that may arise out of the release, and I do release all persons from liability in connection with the release of this information. Policy permits the release of only those charges that have resulted in a conviction. The results of this check were compiled from information obtained only in our jurisdiction.

DATE	OFFENSE	DISPOSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***IMPORTANT: The Department of Police cannot make an accurate identification based upon name and date of birth. Any information contained on any name check is subject to verification between the requesting party and the applicant. The New Orleans Police Department assumes no responsibility for any action resulting from the information furnished.

Note: If the imprint of the SEAL is not affixed to this form through the name of the Records Room Clerk, this form is not valid.

Page Two Attached _____

Date Received: _____

RECORD ROOM CLERK

Revised: 10/07/2014