

SUPERINTENDENT
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Criminal History Background Check

The Auburn School Department requests a criminal background check on the applicant identified below:

First Name: _____
Middle Name: _____
Last Name: _____
Maiden Name: _____
Alias: _____
Date of Birth: _____
Social Security Number: _____

For Office Use:

Agency:
Department of Public Safety-Records Division
45 Commerce Drive
Augusta Maine 04333

Auburn Police Department
1 Minot Avenue
Auburn Maine 04210

For office use only:
Date requested: _____
Date received: _____

For office use only:
Date requested: _____
Date received: _____