

**MONTANA STATE UNIVERSITY
FIELD PLACEMENT AND LICENSURE**
247 REID HALL - PO BOX 172880
BOZEMAN, MT 59717-2880
PHONE: (406) 994-4761 FAX: (406) 994-1950

REQUEST FOR RE-DISSEMINATION OF BACKGROUND CHECK INFORMATION					
First Name	Middle Initial	Maiden Name	Last Name		
Street		City		State	Zip Code
Social Security #	Date of Birth	Telephone	E-Mail		
<p>The undersigned requests and expressly authorizes the Montana State University Field Placement and Licensure Office to send a photocopy of the Criminal History Background Check report generated as part of the application for the field experiences in the teacher Education program to: _____ . The receiving agency must be a governmental entity, Montana public school district, or “authorized agency” as defined in Federal law.</p>					
Signature			Date		
Address of Agency Receiving Copy of Background Check					
Telephone			Fax		
Contact Person					
<p>The Field Placement and Licensure Office reserves the right to deny the request to re-disseminate any background check information.</p>					