



**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**

<b>First Name</b>	<b>Middle Initial</b>	<b>Maiden Name</b>	<b>Last Name</b>		
<b>Street</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Social Security #</b>	<b>Date of Birth</b>	<b>Telephone</b>	<b>E-Mail</b>		
<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:</p> <p>_____</p> <p>The receiving agency must be a governmental entity, Montana public school district, or “authorized agency” as defined in Federal law.</p>					
<b>Address of Agency Receiving Copy of Background Check</b>					
<b>Telephone</b>			<b>Fax</b>		
<b>Contact Person:</b>					
<b>Contact Person Email:</b>					
<b>Signature</b>			<b>Date</b>		
<p><b>The Field Placement and Licensure Office reserves the right to deny the request to re-disseminate any background check information.</b></p>					