



**Student Teaching/Observation/Fieldwork
Request for Background Check**

Full Name: _____
First Middle Last

Last Four SS# _____ College/University: _____

I, THE UNDERSIGNED, GIVE MY CONSENT FOR THE TENNESSEE BUREAU OF INVESTIGATION (TBI) AND THE FEDERAL BUREAU OF INVESTIGATION (FBI) CRIMINAL RECORD CHECK ON MYSELF AND RELEASE ANY RESULTS TO THE CLARKSVILLE-MONTGOMERY COUNTY SCHOOL SYSTEM FOR THE PURPOSE OF EMPLOYMENT.

_____,
APPLICANT'S SIGNATURE DATE

I, THE UNDERSIGNED, HAVE READ AND RECEIVED A COPY OF THE NONCRIMINAL JUSTICE APPLICANTS PRIVACY RIGHTS.

_____,
APPLICANT'S SIGNATURE DATE

- | | | |
|---|---------------------------|---------------|
| <input type="checkbox"/> Approved for observations/fieldwork. | _____
CHRO or designee | _____
Date |
| <input type="checkbox"/> Approved for student teaching. | _____
CHRO or designee | _____
Date |
| <input type="checkbox"/> Not approved. | _____
CHRO or designee | _____
Date |