



BACKGROUND INVESTIGATION AUTHORIZATION

Prior to entering a field placement or student teaching, all individuals must undergo a background investigation that includes a criminal background check. Accordingly, in order to provide required information to the Wisconsin Department of Justice for your criminal background check, we ask that you complete this form.

\_\_\_\_\_  
Last Name                      First                      Middle                      Phone: (\_\_\_\_) \_\_\_\_\_  
Home

Address:  
\_\_\_\_\_  
Number and Street                      City, State, and Zip

Social Security #: \_\_\_\_\_ Race/Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other names by which you have been known:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked or resided outside of the state of Wisconsin?  Yes  No

If you answered "yes", please provide the **full street address, city, state and zip** of where you resided and the **dates** you resided and/or worked in that state.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of **any** crime or offense against the law, or are there any charges pending, including felonies and misdemeanors (with the exception of parking tickets)?  Yes  No

If yes, please provide information for each offense: 1) charge convicted of, 2) date of conviction, 3) court and location, 4) action taken.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete the form above and sign below to confirm nothing has changed from your original application that was completed before ED-201.**

I, \_\_\_\_\_ certify that all statements made on this application are true and complete, accurate, and not misleading to the best of my knowledge. I understand that any false statements, incomplete statements, or misrepresentations may subject me to disqualification or dismissal

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
ED-Course Number