



INDIANA DEPARTMENT OF CORRECTION

Facility/Parole District/Central Office

Reason for Background Check

By the person's signature on this form, he/she is aware of and has agreed to a criminal history and warrants check through the Indiana Department of Correction as part of a background investigation. This person is aware that the information received will be considered in the determination of approval or denial of employment, volunteer, and visitation. This information will only be shared on a need-to-know basis. Please print clearly and provide the most accurate and complete information.

Last Name	First Name	Middle Name	Maiden Name
Street Address	City	State	Zip Code
Previous Address(es)	City	State	Zip Code
Date of Birth	State of Birth	Social Security Number	Driver's License Number
State of Driver's License	Sex	Race	Weight
Height	Hair	Eyes	Felony conviction: Yes ☐ No ☐ If yes, explain on back
Employer	Address	City	State
If born outside the USA, how old were you when you arrived in the country?			
If born outside the USA, were your parents in the US Military at the time of birth? Yes ☐ No ☐			
Passport Number		Green Card Number (Form I-90)	

Signature of Applicant

Date

Signature of Authorized Facility Representative

Date