



FOREST COUNTY POTAWATOMI

**INDIAN CHILD WELFARE DEPT.**

5415 Everybody's Rd. • P.O. Box 340 • Crandon, WI 54520 • Phone: (715) 478-4812 • Fax: (715) 478-7442



## REQUEST FOR BACKGROUND CHECK

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Other names used: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number & State issuing license: \_\_\_\_\_

\_\_\_\_\_

Service requested: Foster Care License   Adoption Home Study   Placement Home Study  
(circle one)

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## RELEASE STATEMENT

I, \_\_\_\_\_, hereby grant full permission without recourse, for the use and release of information as necessary for the purposes of completing a background check.

\_\_\_\_\_  
Signature