



Tennessee Department of Children's Services

Background Criminal History-Expedited/Emergency Purpose Code X III Name Check

(For Expedited/Emergency Placements)

Date: _____

Please Print Clearly.

RE: Background Clearance Checks:

The Department of Children's Services is conducting an expedited/emergency placement of a child(ren) under exigent circumstances on the individual named below. The approval of the application requires a criminal history background check prior to the person being approved as a placement for children.

Name(s): _____ Birth Name: _____
Married Name: _____ Alias: _____
Gender: _____ Race: _____
Date of Birth: _____ Social Security Number: _____
Address: _____

Please Check Appropriately.

☐ Previous Arrest Record: _____ (Record attached): _____

☐ No Previous Arrest Record: _____

Signature of Records Clearance Officer: _____ Date: _____

Please Return Response to: _____

Address: _____

Telephone: _____ Fax: _____

Verification of Fingerprint Completion within Fifteen(15) days.

FSW Signature

Date

Supervisor Signature

Date

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Foster parent Support Unit, Foster Home Study case File

CS- 0750

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