



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

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