**Contact Name and Information for**

**Background Check Results – Centers and Youth Camps**

The Criminal History Unit (CHU) will email the results of fingerprinted background checks to the person you designate. In order to receive these results from CHU, you will need to designate yourself or someone else to receive this information and provide an email address. The results will contain confidential information about each person’s eligibility.

Please complete the following information. Licensed summer camps will have a different license number than a child care in the same location, even if operated by the same organization.

**Facility Type (Circle One):**

Center Licensed Youth Camp

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

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 City State Zip Code

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

Facility Address:

|  |  |
| --- | --- |
|  |  |
| Street Address |  |
|  |  |
| City | State | Zip |

**Name of person to receive background check results**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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