



To: Mississippi Department of Human Services Division of Family & Children Services
 Child Abuse Registry
 P.O. Box 352
 Jackson, MS 39205

From: Evon Huddleston
 Tupelo Public School District
 P.O. Box 557
 Tupelo, MS 38802
 (662)-841-8936

Name: _____
 (Please print Full Name (include aliases, nicknames, and maiden name))

Social Security Number: _____ Date of Birth: _____

Physical Address _____

By signing this form, I give the above named agency permission to request an MDHS Child Abuse /Neglect Central Registry background check. I understand that this information will be used only for the school district purposes and will not be re-disseminated to other persons or used for other purpose.

____ Applicant Signature _____ Date
 I have witnessed the applicant's signature and the information is true and attested by my viewing of the applicant's Social Security card and Drivers License, I understand that this information must be kept confidential with my agency.

____ Signature of Witness _____ Date:
 XXX
 This section to be completed by MDHS Office
 _____ No-identifying information was found in the Central Registry
 _____ The following information was found in the Central Registry

____ Signature of MDHS Representative _____ Date