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## Montana Educator Licensure Request for Redissemination of Background Check Information

<b>First Name</b>	<b>Middle Initial</b>	<b>Maiden Name</b>	<b>Last Name</b>
<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone</b>	<b>Date of Birth</b>	<b>Month</b>	<b>Day</b>
			<b>Year</b>

**The undersigned requests and expressly authorizes Montana State University Billings to send a fax copy of the Criminal History Background Check report to a governmental entity, Montana public school district, or “authorized agency” as defined in federal law.**

**Background Check Report to be sent to \_\_\_\_\_**

**Address**

<b>Telephone</b>	<b>Fax</b>

**Contact Person**

<b>Signature</b>	<b>Date</b>

**Montana State University Billings reserves the right to deny the request to redisseminate any background check information**

- Request for MSU Billings to share background information with other institutions -