



Department of Public Safety
Office of University Police
Office of Environmental Programs
Office of Environmental Health & Safety
Office of Parking Services

4600 Sunset Avenue
Indianapolis, Indiana 46208-3485
OFFICE: (317) 940-9396
FAX: (317) 940-6578

REQUEST FOR CRIMINAL HISTORY INFORMATION

Please sign the authorization below and present this form along with your personal identification at the address below for a criminal background check:

Citizen's Service Desk
Indianapolis Metropolitan Police Department
City-County Building, Room E-100
50 North Alabama Street
Indianapolis, IN 46204

You will need to wait while IMPD personnel make certain that your prints are clear and legible before leaving. You will NOT be able to obtain your own records. There is no fee for this limited background check per Indiana Code: 10-13-3-36 as a condition of classroom volunteer experience in the field. The Butler University Police Department will be notified and pick-up your records and deliver them to:

Dr. Donald Braid
Center for Citizenship and Community
Jordan Hall Room #109
317-940-8353

RELEASE OF LEGAL LIABILITY AND AUTHORIZATION

I attest that I am attending Butler University and will be volunteering as a course requirement. This limited background check is a requirement of field and classroom experience. I hereby request that Butler University be officially informed of any records on file pertaining to me.

I hereby authorize the release of any information that the Indianapolis Metropolitan Police Department may have on file pertaining to me. I further hereby release the Indianapolis Metropolitan Police Department (or duly appointed representative) from any and all liability for any injury or damage that may result from them furnishing information to Butler University concerning me.

I further release Butler University from any and all liability for any injury or damage that may result in allowing their representatives to view and obtain any criminal background information released per this request.

Name: _____

Date: _____

Birth Date: _____

SSN: _____

Signature that I have read, understand and agree to the above release: _____

To be completed by a representative of the Center for Citizenship and Community:

The above name person is a confirmed enrolled student of Butler University and is required to volunteer as a condition of their academic course work. This request for a limited criminal background check is in accordance with Indiana Code: 10-13-3-36.

Signature of Butler University official: _____

Date: _____

Printed Name of above: _____