

Delaware State Criminal History Record Check of a Minor

Date: _____

_____ (minor's name), is requesting a state criminal history record check as a requirement for the Defense Counterintelligence and Security Agency to conduct as part of the subject's federal background investigation.

I, _____, parent or legal guardian, consent and authorize the Delaware State Police to conduct a background check on the above referenced minor. As the parent or legal guardian, I understand the purpose of this background check and hereby provide my consent for the background check.

Please release the result(s) of the background check to:

***Defense Counterintelligence and Security Agency
Attn: Child Care Techs
P.O. 618, 1137 Branchton Road
Boyers, PA 16018***

Print Name of Parent or Legal Guardian

Relationship to Minor

Signature of Parent or Legal Guardian

Date

Signature of Minor

Date