

South Carolina Department of Social Services

P.O. Box 1520 • Columbia, South Carolina 29202

Date: _____

CONFIDENTIAL

PLEASE SUBMIT IN DUPLICATE AND COMPLETE ALL BLANKS TO AVOID RETURN AND DELAY.

MEMORANDUM

To: Special Agent in Charge of Investigations and Criminal Records
Division of Investigation

Thru: Sharon Cole
Authorized Signature

CHRISTIAN FAMILY SERVICES
1069 Bayshore Dr. Suite 201
Rock Hill, SC 29732

From: _____
Requester

Division/Office/Unit Name

Division/Office/Unit

Subject: Request for Criminal Background Check

Reason: Adoption

This portion is to be filled out by applicant only.

Request that a criminal background check of the files of the South Carolina Law Enforcement Division be made for the following person:

Last Name Middle Initial First Name

Social Security Number (When Social Security Number is used as search criteria; signature must be affixed below.)

Sex Race Date of Birth

Have you ever been convicted of a crime? Yes No If yes, where _____
City, State

and when _____?
Date

I understand that the above information will be used to conduct a criminal records check and I give my permission for a criminal records check to be done through the South Carolina Law Enforcement Division or any other law enforcement agency.

Search Results:

No Record Found _____
Signature

Record Found (See Attached) _____
Date

Any criminal history information received is confidential and is not to be disseminated or used for other than the reason requested.