

**REQUEST FOR RESULTS OF A  
NATIONAL FINGERPRINT BACKGROUND CHECK**  
(Please do not submit this form for a name-based background check)

FROM THE  
DHS-CFSD FINGERPRINT PROCESSING SECTION  
P.O. BOX 268935, OKLAHOMA CITY, OK 73126

Please print clearly providing all information requested. Please sign and date form. Incomplete forms will result in the form and the fingerprint cards being returned.

Purpose (check one):  Foster Care  Adoption  Guardianship

**PART A. APPLICANT INFORMATION**

Phone Number: \_\_\_\_\_

Full Legal Name:		
Last _____	First _____	Middle _____
Other Names Used (alias/maiden) _____		
Date of Birth _____	City and State of Birth _____	
Race _____ Sex _____	Soc Sec Number _____	Driver's Lic No./State _____ / _____
Mailing Address: _____		City _____ State _____ Zip _____
Marital Status: _____	Spouse's Name: _____	
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please explain: _____		

<b>PART B. Submitting Authority:</b> Agency or Attorney or Home Study Provider who is handling this application.	
Name:	<u>Shay Patterson, MA Home Study Provider</u>
Address:	<u>PO Box 947 Jenks, OK 74037</u>
Contact Person:	<u>Shay Patterson</u> Phone Number: <u>918-260-0841</u>

<b>PART C. Applicant Release and Signature:</b>	
I am requesting a criminal background check and driving record for the purpose of applying to become a foster and/or adoptive parent or proceeding with a guardianship. Please send the results of the National Fingerprint Background Check to my address listed in Part A.	
Signature _____	Date _____

**PLEASE NOTE:** Results cannot be sent to the Submitting Authority. Results can only be sent to the applicant. The applicant may then give the results to the Submitting Authority. If the applicant chooses to keep the results private, then the applicant cannot continue in the process to become a foster parent and/or adoptive parent or proceed in a guardianship.

**CONFIDENTIAL**