



ADC ~ REAP
Authorization for Background Check for Field Experience

PLEASE PRINT

Name _____
Last First Middle

Permanent Address _____
Street City State Zip

Student ID# _____

Date of Birth _____

Social Security Number _____

Telephone _____

Email Address _____

_____ I hereby grant Adams State College full authority to complete a background check through the Colorado Bureau of Investigation.

OR

_____ I hereby grant Adams State College full authority to verify that my fingerprints are on file with CDE.

Signature _____

Date _____

Return this form to: Adams State College
Extended Studies/ADC-REAP
208 Edgemont Blvd.
Alamosa, CO 81102