Wisconsin Criminal History Form

The following information is required by State of Wisconsin Department of Justice for Background Study Clearance.

Directions: **Please print clearly**. Items marked with an asterisk (*) are optional. All other information is required.

Program enrolled in: _____

Name: _____ _____ _____
first middle* last

Gender: ❑ Male ❑ Female

Race: * ❑ American Indian or Alaskan Native
❑ Asian or Pacific Islander
❑ Black
❑ Unknown/Other
❑ White

Date of Birth: _____/_____/ 19_____

Social Security #: _____-_____-_____ *

Other first names you have used: _____

_____

Other last names you have used: _____

_____

_____