

LOUDONVILLE-PERRYSVILLE EXEMPTED VILLAGE SCHOOLS

CRIMINAL BACKGROUND CHECK  
PRE-APPROVAL AND REQUEST FOR REIMBURSEMENT

PRE-APPROVAL

Name: \_\_\_\_\_ School: \_\_\_\_\_

Check one or both of the following:

BCI \_\_\_\_\_ FBI \_\_\_\_\_

Signature of Employee \_\_\_\_\_ date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ date \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_ date \_\_\_\_\_

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REIMBURSEMENT

BCI: \$ \_\_\_\_\_ (attach receipt)

FBI: \$ \_\_\_\_\_ (attach receipt)

Total Reimbursement requested: \_\_\_\_\_

***NOTE: Total Reimbursement shall not exceed \$57.00***

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