



# WCS Local Background Check Form

Date: \_\_\_\_\_

To: Wakulla County Sheriff's Office

From: Wakulla Christian School Office

Can you please do a local arrest record check on the following individual:

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

Alias: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Race: B \_\_\_\_\_ W \_\_\_\_\_ Other \_\_\_\_\_

Signature: \_\_\_\_\_

Requested by: Mrs. Deborah L. Fell Position: PRINCIPAL

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**This area is to be completed by a Sheriff's Office Official.**

Record found: YES \_\_\_\_\_ NO \_\_\_\_\_

Signature: \_\_\_\_\_

Date check complete: \_\_\_\_\_

Comments: \_\_\_\_\_

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*"Train up a child in the way he should go: and when he is old, he will not depart from it." Proverbs 22:6*