



**LAMP**

**LATINO ACHIEVEMENT MENTORING PROGRAM  
BACKGROUND CHECK AUTHORIZATION**

Before being accepted as a Latino Achievement Mentoring Program (LAMP) mentor, we need to check the Nebraska Child Abuse/Neglect Central Registry to confirm there have been no substantiated referrals of child maltreatment concerning you. To do so, we need your authorization. We will also check for any records available through the Nebraska State Patrol and Lincoln Police Department. The cost for these background checks (\$10.00 for the Nebraska State Patrol and \$10.00 for the Lincoln Police Department) will be paid by LAMP.

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I authorize the Nebraska Department of Health and Human Services to release all information from the Central Registry pertaining to me to LAMP. I also authorize the Lincoln Police Department and Nebraska State Patrol to release any and all information maintained on me to LAMP.

- To: 1. Nebraska State Patrol (master copy)
- 2. Nebraska Dept of Health and Human Services (copy, SASE)
- 3. Lincoln Police Department (copy)

Name

\_\_\_\_\_  
**Print** (Last, First, M.I.) (Maiden Name)

Other names I have used in the past 20 years \_\_\_\_\_

Any children I have lived with in the past 20 years \_\_\_\_\_

\_\_\_\_\_  
Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

If you have lived less than one year in Nebraska, please indicate city/state of previous residence \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_, LAMP Program Director  
Signature of Requester

