Texas Department of
**Family and Protective Services**

Form F-500-2970
Revised December 2023

## SECTION 3: SUBJECT OF THE BACKGROUND CHECK

| First Name: | Full Middle Name(no initials):<br><br>D No Middle Name | Last Name: |
|---|---|---|

Below, list any other name combinations you use or have used in the past, including married and maiden names. If you do not provide every name, you may receive inaccurate results.

Other First Names:

Other Middle Names:

Other Last Names:

☐ The person does not have any other name combinations.

| Current Mailing Address: | | |
|---|---|---|
| City: | State: | ZIP Code: |

| Social Security Number: | Date of Birth: | Sex:<br>☐ Male<br>☐ Female | Telephone Number: |
|---|---|---|---|

Ethnicity:
☐ Hispanic
☐ Non-Hispanic
☐ Other

Race:
☐ White
☐ Black
☐ Unable to Determine
☐ Asian
☐ American Indian or Alaskan Native
☐ Native Hawaiian or Pacific Islander

In the following boxes, list any other cities in Texas where you lived. (Attach separate page if needed.)

| | | |
|---|---|---|
| | | |

## SECTION 4: RELASE OF RESULTS

As the subject of the request, you have the right to receive the results of this check and to share them with any third party. Please provide a personal email address below to receive your results. **This is a required field.**

Subject's Email:

## SECTION 5: DESIGNEE

| Kyli Hill | P.A.II | 605-480-9407 |
|---|---|---|
| Email Address: | Agency or Organization Name: | |
| dsscrs@state.sd.us | Office of Licensing & Accreditation | |