



STATE OF NEW MEXICO
PUBLIC EDUCATION DEPARTMENT
300 DON GASPAR
SANTA FE, NM 87501-2786

AUTHORIZATION TO RECEIVE A COPY OF YOUR COMPLETED BACKGROUND CHECK RESULTS

Please type or print clearly. Incomplete forms will not be processed.

A legible copy of your photo ID is required for processing. Forms received without valid IDs will not be processed.

(Valid ID Types: Driver’s License, Passport or Military ID)

Date: _____

Name: _____

IdentoGo TCN#: _____

(ORI # NM920140Z MUST be used for results to be valid for PED Licensure purposes)

Last four of SSN: _____ PED License Number (if known): _____

I hereby authorize NMPED Backgrounds to release a copy of my background results directly to me for review purposes.

I understand that the copy of my background check results will be emailed to me at the email address I provided below:

Email Address: _____

By signing below, I understand that I take full responsibility of the report copy and will not hold NMPED liable for how I choose to use the results.

X _____

Applicant’s Written Signature (E-signatures are not accepted, copy will NOT be released without a signature)

Return Completed Form & Legible ID Copy to: stephaniej.lujan@ped.nm.gov

PLEASE NOTE – EFFECTIVE OCTOBER 5, 2009: A copy of an FBI Criminal History Report will not be released to an individual without a valid, legible, photo ID that bears the requestor’s signature.

Effective October 1, 2019 NM PED will not release a copy of the Background check report to any agency or school, as the report is no longer valid for employment purposes.