☐ **Check if employee is a Substitute Transfer**

NEW JERSEY STATE DEPARTMENT OF EDUCATION
CRIMINAL HISTORY REVIEW UNIT

TRANSMITTAL FORM

(Type or print in ink)

INSTRUCTIONS

1. Enter name and address of submitting district/private school. include identifying code number for county and district.
2. If transmittal is for contractor employees, enter name and address of company. DO NOT INCLUDE CONTRACTOR EMPLOYEES ON SAME TRANSMITTAL USED FOR DISTRICT/PRIVATE SCHOOL EMPLOYEES, CONTRACTOR EMPLOYEES MUST BE SUBMITTED ON A SEPARATE TRANSMITTAL FORM.
3. Enter name, title, and signature of county, district or school administrator submitting transmittal.
4. Enter date of submission.
5. Complete Employee Roster by listing each employee alphabetically.
6. Forward the applicant's completed notarized Applicant Authorized and Certification form, and payment, to the address below.
7. Three digit school code for private agencies only.

TRANSMITTAL

TO: CRIMINAL HISTORY REVIEW UNIT
NEW JERSEY STATE DEPARTMENT OF EDUCATION
PO Box 500
Trenton, New Jersey 08625-0500

_____ |__|__| _____ |__|__|__|__| |__|__|__| _____
County Name Code District/Private School Name Code School Code Contractor Name, if applicable

_____ _____ _____ _____
Street Address City State Zip Code

Submitted herewith is the name and social security number of each district/private school or contractor employee hired in accordance with the provisions of *NJSA 18A:6-7.1 et seq.,* in order to fulfill the district's obligation to provide a thorough and efficient operation.

_____ _____
Name (Print or Type) Title Telephone #

_____ _____
Signature Date