

Check if employee is a  
Substitute Transfer

NEW JERSEY STATE DEPARTMENT OF EDUCATION  
CRIMINAL HISTORY REVIEW UNIT  
**TRANSMITTAL FORM**  
NONPUBLIC SCHOOL

(Type or print in ink)

**INSTRUCTIONS**

1. Enter name and address of submitting nonpublic school, include identifying code number for county, four digit and three digit school codes.
2. Enter name, title, and signature of nonpublic school administrator submitting transmittal.
3. Enter date of submission.
4. Complete Employee Roster by listing each employee alphabetically.
5. Forward the applicant's completed Applicant Authorization and Certification form, and payment, to the address below:

**TRANSMITTAL**

**TO:** CRIMINAL HISTORY REVIEW UNIT  
NEW JERSEY STATE DEPARTMENT OF EDUCATION  
PO BOX 500  
TRENTON, NEW JERSEY 08625-0500

**FROM:** \_\_\_\_\_ COUNTY NAME \_\_\_\_\_ CODE \_\_\_\_\_ NONPUBLIC SCHOOL NAME \_\_\_\_\_ CODE \_\_\_\_\_ SCHOOL CODE \_\_\_\_\_  
\_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Submitted herewith is the name and social security number of each nonpublic school applicant hired in accordance with the provisions of *N.J.S.A. 18A:6-4.13 et seq.*

\_\_\_\_\_  
NAME (PRINT OR TYPE) TITLE TELEPHONE #  
\_\_\_\_\_  
SIGNATURE DATE