



UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING & BACKGROUND CHECKS
OFFICE OF BACKGROUND PROCESSING

PO BOX 144103
SALT LAKE CITY, UT 84114-4103
(801) 273-2821
(800) 662-4157 toll free
(801) 536-0173 Fax

REQUEST FOR ADMINISTRATIVE REVIEW
BACKGROUND SCREENING

Version: 7/1/2022

REQUESTOR INFORMATION

Form fields for NAME, DATE, DATE OF BIRTH, PHONE, SOCIAL SECURITY NUMBER, ADDRESS, CITY, STATE, ZIP, POSITION, E-MAIL ADDRESS, TYPE OF FACILITY.

Reason for Request

Reasonable accommodations in accordance with the Americans with Disabilities Act are available with a minimum of three days advanced notice.

Describe reason for requesting administrative review. Large text input area.

Include the following supporting documentation with this request.

- List of documentation requirements: Provide a written narrative, evidence of rehabilitation, copy of police report, three letters of personal reference.

SIGNATURE and DATE fields.

Do you have legal representation? Yes No If yes please complete the following.

LEGAL REPRESENTATIVE INFORMATION

You may represent yourself at the informal hearing, but if you wish to have another individual represent you, including an attorney (at your own expense), please provide the following information:

Form fields for FIRM NAME, PHONE NUMBER, ATTORNEY NAME, EMAIL ADDRESS, MAILING ADDRESS, CITY, STATE, ZIP.