Sioux Falls School District

Disclosure and Release of Information Authorization for Unsupervised Volunteers

I authorize the **Sioux Falls School District** and **Verifications, Inc**., a consumer reporting agency, to retrieve information from government agencies and law enforcement agencies at the federal, state, or county level, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information is limited to criminal history records.

I hereby certify that all the statements set forth on this form and on the *Adult Volunteer Registration Form* are true and complete to the best of my knowledge, and I understand that if subsequent to my service in the Sioux Falls School District any such statements and/or answers are found false or that information has been omitted, such false statements or omissions could result in the termination of my volunteer relationship with the **Sioux Falls School District**.

I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that this release will remain in effect throughout my time as a volunteer with the Sioux Falls School District.

Please print clearly and complete all applicable fields.

_____	XXX-XX-__ __ __ __	_____
Signature	**Last 4** digits of Soc.Sec.No.	Date

_____	_____	_____
Last Name	First Name	Middle Name

_____	_____	_____	_____
Mailing Address	City	State	Zip Code

_____	_____	_____	_____
Driver's License No.	State of License	Expires On	Date of Birth

_____
List any other Cities and States in which you have lived during the previous 7 years.

_____
List any other Last Names you have used during the previous 7 years.

Social Security Number _____
(Required only if you've lived outside of South Dakota in the past 7 years.)

Send this form to the Human Resources Department, attention: Barb Jansen.
Or, you can fax it to the Human Resources Department at 367-4637