

BARTLESVILLE PUBLIC SCHOOLS

AUTHORIZATION FOR BACKGROUND CHECK

CONFIDENTIAL

*In connection with my application as a volunteer with the Bartlesville Public Schools, an investigative consumer report, which may contain public information, may be requested. I agree to provide the following information for the purposes of positive identification when checking records. This information is **CONFIDENTIAL** and will not be used for any other purpose.*

Print FULL Name _____ **Maiden Name** _____

Other Names you have used _____

Current Home Address _____

City _____ **State** _____ **Zip** _____

Date of Birth _____ **Social Security No** _____

Driver's License No _____ **State** _____

Gender: Male Female

Race: Asian Black Hispanic White Other _____

List States and Counties of Residence for the past 7yrs:

State _____ City/County _____ From _____ To _____

State _____ City/County _____ From _____ To _____

State _____ City/County _____ From _____ To _____

State _____ City/County _____ From _____ To _____

I authorize Bartlesville Public Schools to obtain an investigative consumer report about me for volunteer-related purposes. All records and information gathered is the property of Bartlesville Public School District and applicants will not have access to such information except as authorized by agency policy.

By signing below, I certify that the information is correct, that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions, and that I have executed this release voluntarily and with the knowledge that the information being released could affect my being a volunteer.

Date _____ **Signature** _____