

## DISCLOSURE AND AUTHORIZATION TO RELEASE INFORMATION

I understand that in connection with volunteering for the Rockwood School District's Community Education Sports Program, a background check will be conducted.

I hereby authorize and request any law enforcement agency, or other persons having personal knowledge about me to furnish AAIMCheck Background Verification Services, on behalf of Rockwood School District, with any and all information in their possession regarding me, in connection with volunteering for this program.

I understand and offer my consent for AAIMCheck Background Verification Services, on behalf of Rockwood School District, to inquire into and/or obtain any records, including criminal histories.

I acknowledge that a photocopy or fax of this authorization be accepted with the same authority as the original. According to the Fair Credit Reporting act, I am entitled to know if a volunteer opportunity is denied because of information obtained from the background report. If so, I will be notified and given the name and address of the agency or the source, which provided the information.

I understand that my consent will apply throughout my tenure as a volunteer in this program, to the extent permitted by law. I have read and understand this disclosure and consent form.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. **All fields must be completed.** It is confidential and will not be used for any other purposes.

**Please print clearly:**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Other Names Used (include Maiden, Aliases, Nick Names, etc.)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Drivers License Number/State Issued ID Number

Revised 7/17/14