



DISCLOSURE AND AUTHORIZATION TO RELEASE INFORMATION VOLUNTEERS

I understand that in connection with volunteering for a Rockwood Community Education 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 Data Facts, 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 Data Facts, 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: _____

Applicant's Full Name (please print): _____

Please print other names you have used: _____

The following is for identification purposes to perform the background check and will not be used for any other purpose.

Driver's License # or State Issued ID #: _____

Social Security # (required): _____ Date of Birth: _____

Current Address	City/State	Zip Code	County	Length at Address
Former Address	City/State	Zip Code	County	Length at Address
Former Address	City/State	Zip Code	County	Length at Address
Former Address	City/State	Zip Code	County	Length at Address
Former Address	City/State	Zip Code	County	Length at Address

Note: We need ALL addresses for the past seven years.