



ALL VOLUNTEERS MUST COMPLETE THIS FORM

**Authorization to Release Information
Including Consent To
~~Name Based or Fingerprint Background Check~~**

Billings Public Schools

I, _____,
want to volunteer at _____ for _____ within the Billings
Public Schools. I authorize release of any and all information of a confidential or privileged nature,
including confidential criminal justice information as defined in §44-5-103(3), MCA, to the
staff of the District and its agents as part of a background check.

I have _____ have not _____ been convicted or adjudicated (A passing of
judgment of a court of law or a decision of a judge) of any crime in any jurisdiction, besides minor
traffic offenses. Attached, if necessary, is a complete description of the circumstances surrounding
the crime(s) of which I have been convicted or adjudicated in any jurisdiction. I acknowledge that I
have the right to obtain a copy of the background check obtained by the District and to challenge its
accuracy if necessary. I further acknowledge that my access to children may be denied prior to
completion of the background check.

I hereby release the District and any organization, company, institution, or person furnishing
information to the District and its agents as expressly authorized above, from any liability for
damages which may result from any dissemination of the information requested, subject to provisions
of Title 44, Chapter 5, Part 3, MCA.

**All statements and information provided within this application and its
attachments, if any, are true and complete. I understand that omission or
misrepresentation of material fact may result in termination of my volunteerism.**

This document is effective until revoked in writing by me.

Signature _____ **Date** _____

Witness – Principal of Designee _____ **Date** _____

Print full name _____

Print full address _____

City _____ State _____ Zip _____ Phone _____

Birth Date _____

Social Security Number _____