

**Superintendent  
Andrew Gardner**



**1155 N 3<sup>rd</sup> Avenue  
Stayton, Oregon 97383**

**Phone: 503-769-6924  
Fax: 503-769-3578**

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**NOTE:** FILL THIS FORM OUT ONLY IF YOU HAVE BEEN FINGERPRINTED IN ANOTHER DISTRICT IN THE LAST THREE YEARS.

**AUTHORIZATION OF RELEASE  
FINGERPRINT-BASED CRIMINAL HISTORY VERIFICATION**

I, \_\_\_\_\_, give \_\_\_\_\_  
*(Employee Name)* *(Former school district)*

permission to release to North Santiam School District 29J, a copy of my  
Fingerprint-Based Criminal History Verification (Form 581-2283).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

Please mail information to:

NORTH SANTIAM SCHOOL DISTRICT  
ATTN HR  
1155 N 3<sup>rd</sup> AVE  
STAYTON, OR 97383