PERSONNEL 5730

VOLUNTEER -- AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:	
District. I acknowledge that a comp the safety and welfare of the children voluntarily give the Notus School D employment, education, and activition	, am seeking a volunteer assignment with the Notus School plete investigation into my background is necessary to protect in in the Notus School District. I hereby expressly and district the right to make a thorough investigation of my past es. I understand that the Notus School District reserves the vestigation that, in its sole discretion, it deems reasonable
This document is effective until revo	oked in writing by me.
SIGNATURE	DATE
Print Full Name:	
Print Full Address:	
Birth Date:	Social Security Number:
STATE OF IDAHO, County of	
On this day of	, 20, before me, a notary public of the
State of Idaho, personally appeared	, known to me to be
the person named in the foregoing R	Release, and acknowledged to me that
executed the same as	free act and deed, for the uses and purposes therein
mentioned.	
IN WITNESS WHEREOF, I day and year in this certificate first a	I have hereunto set my hand and affixed my notarial seal the above written.
	Notary Public, State of Idaho County of My commission expires
	iviy commission expires