Submit completed form to:
School or Program where volunteer service will be performed.

School or Program will submit to Human Resources for processing.

In care of: RHR/Trusted Employees
10505 Wayzata Boulevard, Suite 200
Minnetonka, MN 55305

Permission and Release Form for Background Investigations for Volunteers

First Name	Middle Name	Last Name	Former Name(s)/Alias & Date of Change	
Street Address		City/Town	State, Zip Code	Gender (M/F)
Social Security Number	Driver's License Number and State		Date of Birth (Mo/Day/Year)	

To ensure the safety and security of our students, families, employees, the Saint Paul Public School District reserves the right to conduct criminal background checks on volunteers.

I hereby authorize the Saint Paul Public Schools to obtain the following information in connection with my application to volunteer: criminal and/or motor vehicle records, employment records, **Minnesota Bureau of Criminal Apprehension criminal history as provided for in Minnesota Statute 123B.03,** educational records, consumer reports, consumer investigative reports including credit reports obtained through a consumer reporting agency, personal references and other data provided on this application. I acknowledge that Saint Paul Public Schools has informed me that it may make use of this information in evaluating my application to volunteer, and in Saint Paul Public School's decisions regarding my ability to volunteer with Saint Paul Public Schools. By signing this form you are allowing the above named company/individual to access any data maintained in these files which applies under the statute and authorize this background check to be performed. I hereby authorize Saint Paul Public Schools to make use of the above referenced information and release Saint Paul Public Schools and any entity that provides information to Saint Paul Public Schools from liability in connection with this information. My ability to volunteer is contingent upon a satisfactory background investigation. I authorize the reinvestigation of any of the above information, at any time, while actively volunteering with Saint Paul Public Schools.

You will receive a copy of the background investigation obtained by Saint Paul Public Schools. You may also request additional information on the nature of the report upon written request to the consumer reporting agency.

Listed below are addresses where I have lived in the past seven- (7) years.

	Address	City, State and Zip Code	Date: From	Date: To
1.				
2.				
3.				
4.				
5.				
6.				

I understand that a photocopy of this authorization would be accepted with the same authority as the original.

Signature_____ **Date**_____

Rev. 7.2009