MACCRAY Public School
711 Wolverine Drive
Clara City, MN 56222
320-847-2154

Date: _____ School Year: _____

The following named individual has made application with this agency for volunteering, chaperoning, etc.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full)(please print):
_____

Maiden, Alias or Former(please print): _____

Date of Birth: _____ **Sex** (M or F): _____
Month/Day/Year

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to MACCRAY Public Schools for the purpose of volunteering, chaperoning, etc. with MACCRAY Public Schools.

The expiration of this authorization shall be at the end of the Fiscal School Year on June 30. A new form will be required each year for volunteering, chaperoning, etc. with MACCRAY Public Schools.

Signature of Applicant _____ **Date** _____