

ONE PER VOLUNTEER

Spencerville Local School District

2500 Wisher Drive, Spencerville, OH 45887

Phone: 419-647-4111

Fax: 419-647-6498

Criminal History File Search Authorization

I hereby authorize the Spencerville Local School District, through the Superintendent or designee, to conduct a criminal history file check through the Spencerville Police Department in an investigation of my background which may include: bureau of motor vehicle records and criminal records that may be deemed necessary subjects of the investigation in order to properly assess my character, reputation, and background in association with my application to volunteer with the Spencerville School System.

I understand that said file check is mandatory and is to be used for volunteer record information only. Accordingly, I have agreed to provide the following personally identifiable information on the back of this form.

Please Print Legibly

Name: _____

First

Middle Initial

Last

Maiden Name (if applicable): _____

Previous Married Name(s): _____

Other Aliases: _____

Current Address: _____

Previous Address (past 5 years): _____

Date of Birth: _____

Sex: _____ M _____ F

Social Security Number (Last Four #'s): _____

Signature

Date

Note: If sending the completed form by fax, please fax directly to the Superintendent's Office at 419-647-6498.