Clark County School District No. 161

PERSONNEL **5730**

VOLUNTEER -- AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I,_____, am seeking a volunteer assignment with the Clark County School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the Clark County School District. I hereby expressly and voluntarily give the Clark County School District the right to make a thorough investigation of my past employment, education, and activities. I understand that the Clark County School District reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

This document is effective until revoked in writing by me.

_____ _____

SIGNATURE DATE

Print Full Name: _____

Print Full Address: _____

_____

Birth Date: _____ Social Security Number: _____

STATE OF IDAHO)
:
ss. County of_____)

On this_____day of_____, 200_, before me, a notary public of the State of Idaho, personally appeared_____, known to me to be the person named in the foregoing 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 have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

_____
Notary Public, State of Idaho
County of _____
My commission expires _____

Policy History:
Adopted on: 05/13/2013
Revised on: