AUTHORIZATION TO RELEASE INFORMATION, INCLUDING CONSENT TO FINGERPRINT BACKGROUND CHECK

5122F

To Whom it May Concern:

I, _____, am seeking employment, volunteer assignment, and/or approval to be selected as an on-call substitute with Vaughn Elementary School District (the District). I hereby expressly authorize release of any and all information of a confidential or privileged nature, **including confidential criminal justice information as defined in § 44-5-103(3), MCA**, to the staff of the District and its agents.

I have ____ have not ____ been convicted or adjudicated* of any crime in any jurisdiction, besides minor traffic offenses. Attached, if necessary, is a complete description of the circumstances surrounding the crime(s) of which I have been convicted or adjudicated in any jurisdiction. I acknowledge that I have the right to obtain a copy of the fingerprint background check obtained by the District and to challenge its accuracy if necessary. I further acknowledge that my access to children may be denied prior to completion of the fingerprint background check.

* ***Adjudication – A passing of judgment of a court of law or a decision of a judge.***

I hereby release the District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, from any liability for damages which may result from any dissemination of the information requested, subject to provisions of Title 44, Chapter 5, Part 3, MCA. A fingerprint background check will be at my expense and will be deducted from the initial paycheck, unless other arrangements are made with the District Office.

All statements and information provided within this application and its attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact may result in refusal of or suspension from employment.

This document is effective until revoked in writing by me.

_____ _____

SIGNATURE DATE

Print full name: _____

Print full address: _____

_____

CITY STATE ZIP

Birth Date: _____ Social Security Number: _____

STATE OF MONTANA)
: ss.
County of _____)

On this _____ day of _____, 201__, before me, a Notary Public for the state of Montana, personally appeared _____, known to me to be the person named in the foregoing Authorization to Release Information, and acknowledged to me that _____ executed the same as _____ free act and deed for the 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.

_____

_____[name]

(S E A L) NOTARY PUBLIC for the State of Montana

Residing at _____, Montana

My commission expires: _____