

AUTHORITY FOR RELEASE OF INFORMATION

I authorize **PENDER COUNTY SCHOOLS** to perform a criminal history record check in connection with my association with the local school system.

Last Name

First Name

Middle Name

Maiden Name

Social Security #

Date of Birth

Current Address

City

State

Zip Code

County

Please list name of school that you are volunteering at

Additional addresses in the last 20 years. List most current first.

Address

#1

City _____ State _____ Zip Code _____

Address

#2

City _____ State _____ Zip Code _____

Address

#3

City _____ State _____ Zip Code _____

I understand that **THE CHAPMAN CORPORATION**, and its employees, as well as the **PENDER COUNTY BOARD OF EDUCATION**, shall not be held legally accountable in any way for providing this information to the above named school, and hereby release said agency and person from any and all liability which may be incurred as a result of furnishing such information.

Volunteer Signature _____

Date _____

Principal Signature _____