



**Budget Code:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**School/Dept. Contact:**  
**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Permission and Release Form for VOLUNTEER Background Investigations**

First Name	Middle Name	Last Name	Birthdate (Month, Day and Year)
Street Address		City/Town	State, Zip Code
Social Security Number	Former Name(s)/Alias & Date of Change		

To ensure the safety and security of our students, families, employees, the Saint Paul Public School District reserves the right to conduct criminal background checks on volunteers. By signing this release form you are giving permission to the District to conduct this background check using the information provided above. You are also releasing the Saint Paul School District and any entity providing information to the District from liability in connection with this information. Background information may have a bearing on an individual's ability to volunteer. I authorize the reinvestigation of my criminal history, at any time, while volunteering for Saint Paul Public Schools.

You will receive a copy of the background investigation obtained by Saint Paul Public Schools. You may also request additional information on the nature of the report upon written request to the consumer reporting agency.

Listed below are cities/states where I have lived in the past seven- (7) years.

	<u>Address</u>	<u>City, State and Zip Code</u>	<u>Date: From</u>	<u>Date: To</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

I understand that a photocopy of this authorization would be accepted with the same authority as the original.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**THIS FORM IS ONLY TO BE USED FOR VOLUNTEER APPLICANT**