

NOTICE OF BACKGROUND CHECK

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

Note: Conducting a National Criminal Background Check does not access the subject's credit history nor affects the subject's credit score or credit rating. Please note that by signing below you are authorizing and instructing an immediate criminal background check from a third party, which may utilize a Social Security Number Trace, as deemed necessary and appropriate. Moreover, you are allowing reports from a third party on an ongoing basis as long as you continue to volunteer.

AUTHORIZATION AND INSTRUCTION

I acknowledge receipt of the NOTICE OF BACKGROUND CHECK and certify that I have read and understand that notice. I hereby authorize and instruct Pinehurst School District #94 to obtain criminal background and/or driving record reports from a third party (utilizing a Social Security Number Trace) as deemed necessary and appropriate. This Authorization and Instruction will take immediate effect when I sign below and will last throughout the duration of my involvement with the Pinehurst School District without any further notice or additional warning. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, information service bureau and/or the Social Security Administration to furnish any and all background information (including criminal history and/or driving records and not credit history) requested by a background check organization. I agree that a facsimile ("fax") or photographic copy of this Authorization and Instruction shall be as valid as the original.

Include a photocopy of your driver's license attached to this document.

Legal Name (Printed) _____

Signature _____

Date _____

Social Security Number _____

Driver's License# and State _____

Date of Birth _____