



**METROPOLITAN SCHOOL DISTRICT OF PIKE TOWNSHIP**

*Administrative Services Center*

6901 Zionsville Road, Indianapolis, Indiana 46268-2467

Phone: 317-387-2239 Fax: 317-387-2290

www.pike.k12.in.us

---

*Joseph F. Lampert*  
*Director of Human Resources*

## **BACKGROUND INFORMATION RELEASE**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Ethnicity (Race) \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Date of Application \_\_\_\_\_ Date of birth \_\_\_\_\_

Phone Number \_\_\_\_\_

Position Desired \_\_\_\_\_ Volunteer \_\_\_\_\_ School Fishback Creek Public Academy

Teacher \_\_\_\_\_ Student \_\_\_\_\_

The above person is volunteering in our school district for the 2015-2016 school year. Your cooperation in providing us with the below listed information will assist us greatly in making a determination.

I hereby authorize all persons, schools, companies, corporations, law enforcement agencies, and individuals to supply the information concerning my background and release them from all liability and responsibility arising from their doing so.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Witness

**\*\*\* A photo id (driver's license; state id; passport; etc.) must accompany each release form\*\*\***