

NOTICE TO VOLUNTEERS REGARDING BACKGROUND INVESTIGATION

By electronic submitting this form I authorize the Rossville Consolidated School District to seek the release of investigatory information, including a criminal history, possessed by any private or public employer or any local, state, or federal agency. I authorize these private or public employers, or local, state, or federal agencies to provide the Rossville Consolidated School District any information they may release concerning the matter described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I expressly waive in connection with any request for, or provision of such information, any claims or causes of action, including without limitation, defamation, infliction of emotional distress, invasion of privacy or interference with contractual relation that I might otherwise have against the Rossville Consolidated School District, its officials, employees, trustees, or agents, or against any individual, corporate, and/or agency provider of such information. I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

I certify that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of Rossville Consolidated School District.

I understand that I have specific prescribed rights as a consumer under the Fair Credit Reporting Act and may have additional rights under relevant state laws.

AUTHORIZATION

Name:

Gender: Male Female

Any other names I have been known by:

Date of Birth (For ID Purposes Only)

Nationality (Check Only One - For ID Purposes Only)

American Indian/Alaskan

Asian/Pacific Islander

Black

Multi-Racial

White