

CONSENT TO FINGERPRINT BACKGROUND CHECK

TO WHOM IT MAY CONCERN:

I, _____, am seeking employment or volunteer assignment with the Shelby School District. I hereby expressly authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information as defined in Section 44-5-103(3), MCA, to the staff of the Shelby School District and its agents.

I have _____ have not _____ been convicted or adjudicated of any crime in any jurisdiction besides minor traffic offenses. Attached, if necessary, is a complete description of the circumstances surrounding the crimes(s) of which I have been convicted or adjudicated in any jurisdiction. I acknowledge that I have the right to obtain a copy of the fingerprint background check obtained by the District and to challenge its accuracy if necessary. I further acknowledge that my access to children may be declined prior to completion of the fingerprint background check.

I hereby release the Shelby School District and any organization, company, institution or person furnishing information to the District and its agents as expressly authorized above, from any liability for damage which may result from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA. A fingerprint background check will be at the District's expense.

This document is effective until revoked in writing by me.

SIGNATURE

DATE

Print Full Name: _____

Print Full Address: _____

City State Zip

Birth Date: _____ Social Security Number: _____ - _____ - _____

STATE OF

: ss.

County of

On this _____ day of _____, 200 __, before me, a notary public of the State of _____, personally appeared _____, known to me to be the person named in the foregoing Release, and acknowledged to me that _____ executed the same as _____ free act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

Notary Public, State of
County of
My commission expires _____