

Name:

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AUTHORIZATION FOR MOTOR VEHICLE RECORD CHECK AND BACKGROUND CHECK REPORT

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It is the policy of the Board of Education of the Arrowhead Union High School District to conduct criminal background checks of all individuals seeking to serve as volunteers who will work one on one, alone with students in our school, or who accompany students on overnight activities, or who, in the discretion of the superintendent or his/her designee, supervise students in an activity with limited oversight by school staff. In addition to conducting a criminal background check, a motor vehicle record search and inquiry will be made of all individuals seeking to transport students using a district-owned vehicle. This information is to be gathered in accordance with the Driver's Protection Act. The information provided below will only be used to conduct such background check and motor vehicle record search and inquiry. All information <u>must</u> be provided.

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List any other names used: (include nicknames and maide	en names):	
Street Address:		
City:	State:	Zip:
Email Address:		Telephone:
Social Security Number:		
Date of Birth: (MM/DD/YYYY)		
Driver's License Number:	;	State That Issued License:
Sport/Activity:		
CERTIFICATION STATEMENT (Read carefully before signing)		
All information provided above is true and correct to the best of my knowledge. I understand that misrepresentation or omissions may be cause for rejection or may be cause for subsequent dismissal as a volunteer and/or driver.		
I authorize without reservation, and direct any party or agency contracted in this investigation to furnish information regarding my criminal history and motor vehicle record to the Arrowhead Union High School District. I further certify that a photocopy of this authorization may be considered as valid as the original.		
By signing this authorization, I hereby release and discharge Arrowhead Union High School District, their agents, employees, and offices, from any and all claims that may now and in the future arise from or are in any way related to any information obtained during these inquiries.		
I will provide a copy of my valid Driver's License along with this completed form.		
Print Name:		
Print Name:		
Signature		Date