## **RELEASE OF INFORMATION FORM**

The purpose of this form is to notify you, in accordance with present federal law that a background report, including a criminal records check, will be obtained on you in the course of your volunteer work with students in the Kenowa Hills Public School District.

I understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law. I authorize all law enforcement agencies, city, state, county or federal courts to release information about my background, including but not limited to, information about any criminal records, to Kenowa Hills School District, 2325 Four Mile Rd NW, Grand Rapids, MI 49544.

I understand that there is a minimum of three days notice for processing criminal records checks. After completion, the criminal records check will be kept on file for the remainder of the school year.

Student Name:	Grade:		
I am volunteering for:	Instructional Assistance		
	Field Trip Supervision		
	Other		
School Building(s) I wish to volunteer at:			
Volunteer: Last Name:	Legal First Name (Not a	Nickname):	
Middle Initial: Race:	Gender:	Date of Birth:	//
Current Address:	City:		State:
Telephone #			
Other (Any Maiden, Previous Names, Alias	es, etc.)		
Identity may need to be verified by prese know you.	nting a valid Driver's License t	for confirmation by	staff if they do no
Signature:		Date:	_//

PLEASE TURN IN THIS FORM TO YOUR SCHOOL OFFICE OR FAX IT TO: 616/784-7960.