



Weston School District

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AUTHORIZATION FOR BACKGROUND RELEASE OF INFORMATION FOR VOLUNTEERS

(PLEASE READ THE FOLLOWING STATEMENTS, SIGN BELOW, AND RETURN TO THE SCHOOL DISTRICT OF WESTON BUSINESS OFFICE.)

IT IS THE INTENT OF THE BOARD OF EDUCATION TO PROVIDE FOR AS MANY OPPORTUNITIES AS POSSIBLE FOR VOLUNTEER AND PARENT VOLUNTEERS TO ASSIST IN ACADEMIC, CO-CURRICULAR, AND FIELD TRIP EXPERIENCES AS POSSIBLE. WHEN THE DISTRICT MUST ASK PARENTS OR VOLUNTEERS TO DIRECTLY WORK WITH STUDENTS OUTSIDE THE DIRECT SUPERVISION OF ITS EMPLOYEES, IT IS FOR THE SAFETY OF EVERY STUDENT THAT THE DISTRICT WILL PERFORM A MINIMUM BACKGROUND CHECK OF THOSE PEOPLE.

I, _____, HEREBY AUTHORIZE ANY INVESTIGATOR OR DULY ACCREDITED REPRESENTATIVE OF THE SCHOOL DISTRICT OF WESTON BEARING THIS RELEASE TO OBTAIN ANY INFORMATION FROM EMPLOYERS, CRIMINAL JUSTICE AGENCIES, OR INDIVIDUALS, RELATING TO MY ACTIVITIES.

THIS INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, DISCIPLINARY, ARREST, AND CONVICTION RECORDS. I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION UPON REQUEST OF THE BEARER. I UNDERSTAND THAT THE INFORMATION RELEASED IS FOR OFFICIAL USE BY THE SCHOOL DISTRICT OF WESTON AND MAY BE DISCLOSED TO SUCH THIRD PARTIES AS NECESSARY IN THE FULFILLMENT OF OFFICIAL RESPONSIBILITIES.

I HEREBY RELEASE ANY INDIVIDUAL, INCLUDING RECORD CUSTODIANS, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND OR NATURE WHICH MAY AT ANY TIME RESULT TO ME ON ACCOUNT OF COMPLIANCE, OR ANY ATTEMPTS TO COMPLY, WITH THIS AUTHORIZATION.

NAME:

(PRINTED LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

DATE OF BIRTH :

SIGNED:

DATE:
