

FREEDOM AREA SCHOOL DISTRICT N4021 COUNTY ROAD E FREEDOM, WISCONSIN 54130-7593

VOLUNTEER AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize the Freedom Area School District to obtain information and records pertaining to me from municipal, state, or federal law enforcement agencies.

I understand this is being done so I may volunteer in the Freedom Area School District for things such as classroom work, field trips, or other activities.

It is understood this information shall be used only in consideration of my ability to volunteer and shall not be further disseminated for any purpose.

I understand that all student information (both personal and academic) which I may gain knowledge of while I am volunteering is strictly confidential. This information may only be shared within the school district and only with those who hold a valid educational interest in the student.

Legal Last Name	Legal First Name	Legal Middle Name
Street Address, City, State, Zip		
Date of Birth		Relationship to Student
Signature		Date
Student's Teacher:		
Date need the check completed b	y:	
Please return this form to the school office 2 weeks prior to the date you are volunteering		