

**SCHOOL DISTRICT OF FREDERIC**

Authorization for Background Check

The School District of Frederic does not discriminate on the basis of race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability. Federal law prohibits discrimination in education and employment on the basis of age, race, color, national origin, sex, religion or disability.

**Position:**  Employee  Volunteer  Co-curr  Other \_\_\_\_\_

*If volunteering - what will you be doing and do you have an association with one or more students? (If so, please provide names):*

Name(s): List any names (aliases) you've had during the last 7 years. Use back of form if you need more space.

	<u>Last</u>	/	<u>First</u>	/	<u>Middle</u>
Current full name:	_____	/	_____	/	_____
Prior full name:	_____	/	_____	/	_____
Prior full name:	_____	/	_____	/	_____

**Other identifying data:**

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Race: \_\_\_\_\_ Gender: \_\_\_\_\_

**Buildings & Grounds Staff Only**

Driver's license number: \_\_\_\_\_  
State of Issue: \_\_\_\_\_ Expires: \_\_\_\_\_

**Address(es):**

List all addresses where you have lived at any time during the last 7 years. Provide actual physical address, not post office boxes.

**Use back of form if you need more space.**

Current: Street address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Dates (from/to): \_\_\_\_\_

Prior: Street address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Dates (from/to): \_\_\_\_\_

Prior: Street address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Dates (from/to): \_\_\_\_\_

By my signature below, I acknowledge this authorization is valid until revoked in writing by me. I understand the information obtained by the district may be available for review by other under Wisconsin's Public Records law and that the District will, to the extent permissible, protect certain information such as home address, personal telephone number(s), social security number, and personal e-mail address(es).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Personal email \_\_\_\_\_

Personal phone number(s) \_\_\_\_\_

**SCHOOL/DISTRICT OFFICE USE ONLY**

Background check run by: \_\_\_\_\_ Date \_\_\_\_\_

D.L. check run by \_\_\_\_\_ Date \_\_\_\_\_

Cleared by District Office      Y      N      By \_\_\_\_\_ Date \_\_\_\_\_

Limits or restrictions \_\_\_\_\_