

for Unsupervised Volunteers

I authorize the **Wall School District** and **Verifications, Inc.**, a consumer reporting agency, to retrieve information from government agencies and law enforcement agencies at the federal, state, or county level, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information is limited to criminal history records.

I hereby certify that all the statements set forth on this form and on the *Adult Volunteer Registration Form* are true and complete to the best of my knowledge, and I understand that if subsequent to my service in the Wall School District any such statements and/or answers are found false or that information has been omitted, such false statements or omissions could result in the termination of my volunteer relationship with the **Wall School District**.

I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that this release will remain in effect throughout my time as a volunteer with the Wall School District.

Please print clearly and complete all applicable fields.

<u></u>		X-XX		
Signature	Las	Last 4 digits of Soc.Sec.No. First Name		Date Middle Name
Last Name				
Mailing Address		City	State	Zip Code
Driver's License No.	State of License	Expires O	n	Date of Birth
List any other Cities and	d States in which you	have lived duri	ng the previous 7	' years.
List any other Last Nam	nes you have used du	ring the previo	us 7 years.	
Social Security Number		outh Dakota i	n the past 7 vea	urs.)

Send this form to the Superintendent, attention: Dennis Rieckman. Or, you can fax it to the Superintendent's Office at 279-2613.