

Parent Volunteer Background Check Authorization

Name:	(First)	(Middle)	(Last)
	(1.1181)	(Middle)	(Last)
Former Name(s):			
Current Address			
Email Address:			
Social Security Number	er:	Date of Birth:	
Student(s) Name(s): _			
Lutheran School and it causing a consumer re- purposes. I understand to the following areas: education background, agency in any or all fee	s designated agent port and/or an inverthat the scope of verification of so character referent deral, state, count	estigative consumer report to be the consumer report/ investigatical security number; current and ces; drug testing, civil and crimity y jurisdictions; driving records,	knowledge. I hereby authorize Emmanuel to a comprehensive review of my background generated for employment and/or volunteer we consumer report may include, but is not limited d previous residences; employment history, and history records from any criminal justice birth records, and any other public records.
Administration and lav Emmanuel Lutheran C	w enforcement age thristian School on the individual, c	encies) to divulge any and all int r its agents. I further authorize th	agency (including the Social Security formation, verbal or written, pertaining to me, to be complete release of any records or data ablic agency may have, to include information or
representative, or assig collectively, from any	ned agencies, inc and all liability fo	luding officers, employees, or re	istration, and its agents, officials, elated personnel both individually and ich may, at any time, result to me, my heirs, request to release.
Signature:			Date:
			, and no material or applicable charges were founded volunteer for Emmanuel Lutheran School.
Approved by:			
Name		Title	Date