

Kimberly Public Schools
5122F VOLUNTEER

AUTHORIZATION TO RELEASE INFORMATION

This form is approved for district wide use and will need to be renewed every five years.

Please return completed form to any school office one week prior to volunteer duties.

TO WHOM IT MAY CONCERN:

I, _____, am seeking a volunteer assignment with the Kimberly School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the Kimberly School District. I hereby expressly and voluntarily give the Kimberly School District the right to make a thorough investigation of my past employment, education, and activities. I understand that the Kimberly School District reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

This document is effective until revoked in writing by me.

SIGNATURE

DATE

Print Full Name: _____
 First Middle Last

Print Full Address: _____

Birthdate

Checked ID (Office Use)

Phone Number

Per Kimberly School District Policy 5122: An employee who is provided access to such confidential information relating to another employee shall take steps such that the confidential information remains confidential. If an employee discloses such confidential information without authorization, the employee may be subject to disciplinary action.