

*Volunteer School* \_\_\_\_\_

**Yadkin County Schools  
Background Authorization & Release**

I understand that a consumer report or an investigative consumer report (hereinafter referred to as "Report" may be procured at any time during my candidacy for employment and/or during my employment, contract work, volunteer or chaperone work. I understand the Report may include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by Yadkin County Board of Education policy, information may be obtained from public and private sources and may include information related to: social security number verification, criminal records, driver/motor vehicle records, employment, education, credentials and personal references. I also understand that the information I provide regarding my sex, race and date of birth will be used for the sole purpose of gathering the above mentioned information correctly, and will not be used to discriminate against me in violation of any law.

**Personal Information (List all names used)**

	<b>Last</b>	<b>First</b>	<b>Middle</b>
Name	_____	_____	_____
Name	_____	_____	_____
Name	_____	_____	_____

Home  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_ Expires \_\_\_\_\_

I state that my personal information provided above is accurate to the best of my knowledge. I hereby authorize without reservation the procurement of a Report. Furthermore, I authorize any organization, person or agency to furnish information about me and I release any organization, person, agency and Company from any liability arising out of the request or release of the information contained in the Report pursuant to N.C.G.S. 114-19.2 and 115C-332. I further understand that Yadkin County Schools cannot release the results of this criminal history record check to me. A photo or fax copy of this release from will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

**Please complete and return to:**  
Yadkin County Schools  
Attention: Superintendent's Office  
121 Washington Street  
Yadkinville, NC 27055  
Questions call: 336-679-2051

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

**Personal & Confidential Information**