

5122F AUTHORIZATION FOR FINGERPRINT BACKGROUND CHECK

TO WHOM IT MAY CONCERN:

I, _____, am seeking employment and/or approval to be selected as an employee or volunteer with Browning School District #9 (the District). I hereby expressly authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information as defined in § 44-5-103(3), MCA, to the staff of the District and its agents.

I have _____ have not _____ been charged, convicted, or adjudicated* of any crime in any jurisdiction, besides minor traffic offenses. Attached, if necessary, is a complete description of the circumstances surrounding the crime(s) of which I have been charged, convicted or adjudicated in any jurisdiction. I acknowledge that I have the right to obtain a copy of the fingerprint background check obtained by the District and to challenge its accuracy if necessary. I further acknowledge that my access to children may be denied prior to the completion of the fingerprint background check. * *Adjudication – A passing of judgment of a court of law or decision of a judge.*

I hereby release the District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, from any liability for damages which may result from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA.

This document is effective until revoked in writing by me.

Signature: _____ Date: _____

Print full name: _____

Print full address: _____

_____ CITY STATE ZIP

Birth Date: _____ Social Security Number: _____

STATE OF MONTANA)

: ss.

County of _____)

On this _____ day of _____, 200__, before me, a Notary Public for the state of Montana, personally appeared _____, known to me to be the person named in the foregoing Authorization to Release Information, and acknowledged to me that _____ executed the same as _____ free act and deed for the purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notary seal the day and year in this certificate first above written.

_____[name]

(S E A L)

NOTARY PUBLIC for the State of Montana

Residing at _____, Montana

My commission expires: _____