

**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 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 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.

(S E A L)

\_\_\_\_\_  
\_\_\_\_\_[name]

NOTARY PUBLIC for the State of Montana

Residing at \_\_\_\_\_, Montana

My commission expires: \_\_\_\_\_