



Authorization & Release for the Procurement of a Consumer and/or Investigative Report for Chaperones, Student Teachers and Designated Volunteers

I, the undersigned consumer, do hereby authorize Anne Arundel County Public Schools, by and through its independent contractor, Inquiries, Inc., to procure an investigative report on me.

These above-mentioned reports may include, a social security number verification, address verification and criminal history records.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Inquiries, Inc., if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Anne Arundel County Public Schools, by and through Inquiries, Inc., including, but not

limited to, any and all courts, public agencies, and law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Anne Arundel County Public Schools, Inquiries, Inc., and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, for the release of information for the preparation of the report. I understand that this Authorization/Release form shall remain in effect for the duration of my volunteer service.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application for volunteer service will be terminated based on any false, omitted or fraudulent information.

Please check: Overnight Chaperone Volunteer Student Teacher Drown Proofing Other _____

Signature _____ Date _____

Printed Name _____

Current Street Address/P. O. Box _____

Current City _____ State _____ Zip Code _____ County _____ Dates at Address _____

Applicant's Date of Birth _____ Social Security Number _____ Sex* M F Daytime Telephone Number _____

Other Names Used in the Past 7 Years (last, first, middle) _____

Former Addresses for the past 7 years: (List additional addresses on the back of this page) _____

School Representing _____ School Contact Person _____

- Have you ever been convicted of a crime or convicted in a military court martial? Yes No
- Have you ever been placed on Probation Before Judgement (PBJ) for anything other than a minor traffic violation? Yes No
- Are you currently under any investigation or pending charge? Yes No

If you will be a chaperone for any school trip, please fill out the following:

Student's Name _____ Relationship to Student _____ Date(s) of Field Trip _____ Location of Field Trip _____

— Must be returned two weeks prior to the event —

Applicant: Please be sure the printed name is legible and return this form immediately to the school.

School: Please be sure all required information is provided and return this form to the Office of School Security, Riva Road or fax at 410-222-5634/5635. Incomplete forms will not be processed and will be returned.

*This information will enable us to properly identify you in the event we find adverse information during the course of our background search.