

FOUNDATIONS HOMESCHOOL CO-OP

Notice/Authorization and Release for the procurement of an investigative report

I, _____, hereby authorize Foundations Homeschool Co-op to have the following background check screening reports processed through the agency contacted by its representative for volunteer purposes: Application Verification, Criminal Report, Sexual Abuse Registry and County Court Report.

I am aware that this background check is only a screening tool and I may be asked to provide additional information or my fingerprints to resolve issues discovered during the screening.

I am aware that the background check screening report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to Foundations Homeschool Co-op.

I understand that there is no processing fee charged.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

PLEASE PRINT

Full Name: _____

All other names that have been used (ex: Maiden Name): _____

Date of Birth: _____

Address: _____ City/State/Zip: _____

County: _____

Gender (circle one): Female Male

DATE: _____ Signature: _____