AUTHORITY FOR RELEASE OF INFORMATION – KCS Volunteers
State and Federal Access

Upon signing this form, I am consenting to a background check in conjunction with my desire to become a volunteer with ***Kannapolis City Schools***. I acknowledge that the background check requires the submittal of personal information, including but not limited to: legal name, address, and date of birth. I understand that this information will be kept confidential and used for this purpose only.

(Type or Print Legibly)

LAST NAME **FIRST** **MIDDLE** **MAIDEN**

_____ _____ _____ _____

STREET ADDRESS **CITY** **STATE** **ZIP CODE**

_____ _____ _____ _____

SOCIAL SECURITY NUMBER **DOB** **SEX** **RACE**
(only required for level 2)

_____ _____ _____ _____

KCS school(s) where your children currently attend or where you wish to volunteer:

____ A. L. Brown High School
____ Kannapolis Middle School
____ Forest Park Elementary School
____ Fred L. Wilson Elementary School
____ G. W. Carver Elementary School
____ Jackson Park Elementary School
____ Shady Brook Elementary School
____ Woodrow Wilson Elementary School
____ McKnight Child Development Center and Head Start

Reason for Volunteering:

____ Relative of current student(s) _____

Relationship to student(s) _____

____ Community Service / Church Group
____ Class Reader / Helper
____ Non-Faculty Coach
____ Daytime Field Trip Chaperone
____ Overnight Trip Chaperone

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named School, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the School System **cannot** release a **hard copy** of the results of this criminal history record check to me.

_____ _____
Applicant's/Volunteer's Signature **Date**

Requested by: _____
School and Staff Member Requesting Screening (Please Print)

Requesting Level: _____ **Level 1 (Free)** _____ **Level 2 ($10)**

Please submit completed form to
Kannapolis City Schools' Human Resources Department.