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

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Criminal Information and Identification Section to perform a name search of the State's criminal history record file and the Federal Bureau of Investigation for a national criminal history record check in connection with my request to volunteer with ***Kannapolis City Schools***.

(Type or Print Legibly)

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

SOCIAL SECURITY NUMBER	**DOB**	**SEX**	**RACE**
_____	_____	_____	_____

(Optional*)

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

____ A. L. Brown High School
____ Kannapolis Middle School
____ Kannapolis Intermediate School
____ Forest Park Elementary School
____ Fred L. Wilson 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.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

_____ _____

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 print completed form and return to the
Kannapolis City Schools' Human Resources Department.