

CONSENT TO FINGERPRINT BACKGROUND CHECK

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, am seeking employment or volunteer assignment with the Whitehall School 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 Section 44-5-103(3), MCA**, to the staff of the Whitehall School District and its agents.

I have \_\_\_\_\_ have not \_\_\_\_\_ been convicted or adjudicated of any crime in any jurisdiction other than 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 ro completion of the fingerprint background check.

I hereby release the Whitehall School District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, from any liability for damage which may result from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA. A fingerprint background check will be at my expense and will be deducted from the initial paycheck unless other arrangements are made with the District Office.

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 \_\_\_\_\_, 20\_\_\_\_, before me, a notary public of the State of Montana, personally appeared \_\_\_\_\_, known to me to be the person named in the foregoing Release, and acknowledged to me that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

\_\_\_\_\_  
Notary Public State of Montana

County of \_\_\_\_\_

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