

BACKGROUND CHECK

To ensure the safety of our children and since all parents will be working with children at some point, we will run police checks on all parents attending co-op. (If any relative will serve as your replacement at any time, please fill out the form below for them.)

In order to do this, we will need the following personal information:

Primary Adult:

Full name w/any/all aliases: _____
(incl. maiden name)

SSN #: _____ DOB: _____

Secondary Adult:

Full name w/any/all aliases: _____
(incl. maiden name)

SSN #: _____ DOB: _____

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state or national. I hereby release local, state and national law enforcement agencies from any and all liability resulting from such disclosure.

Signature: _____ Date: _____

Printed Name: _____