



I \_\_\_\_\_ acknowledge I have reviewed the following

district policies:

#8120 – Volunteers

#2416 – Student Privacy and Parental Access to Information

I agree to abide by the conditions outlined in the above listed policies.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

# The Fox Point-Bayside School District

## Background Check Authorization Form

I authorize the Fox Point-Bayside School District to perform a criminal history investigation. I am releasing the necessary personal information to you for this reason and it shall remain strictly confidential. I have the right to obtain a copy of the criminal history records, if any, and I have the right to challenge the accuracy and completeness of any information contained in the criminal history record, and to obtain a determination as to the validity of such challenge before final determination regarding employment/volunteer acceptance is made. I must submit this request in writing within 10 calendar days of notification of any problems or concerns regarding information received.

Print Full Name: \_\_\_\_\_

Please list any nicknames, alias names or other names you have used, including all previous married names (if applicable): \_\_\_\_\_

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_

Race/Ethnicity:

- American Indian/Alaskan Native     Asian/Pacific Islander     Hispanic/Latino  
 Black/African American                       White

Have you lived in other states? If so, please list: \_\_\_\_\_

Please circle the school(s) where you have students attending and you will be volunteering at:

**Stormonth Elementary School**

**Bayside Middle School**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETURN TO:**

**ATTN: Cara Bell  
Fox Point-Bayside School District Office  
601 E. Ellsworth Lane  
Bayside, WI 53217**