



D146 VOLUNTEER BACKGROUND CHECK AUTHORIZATION FORM

MEMORIAL SCHOOL

(All information provided will remain confidential)

Name: (Please Print)

Last Name

First Name

Middle Initial

Sex: _____ Race: _____ Date of Birth: _____
Male White Month/Day/Year
Female Black
Unknown American Indian/Alaskan Native
Asian or Pacific Islander
Unknown

Please list your student's name(s) and classroom teacher(s):

By signing this form, you are giving permission for School District 146 to do a Background Check. All information is required on the form.

Signature of Volunteer

Today's Date

Please complete and return to the school's main office for processing.