

PERMISSION FOR LIMITED CRIMINAL HISTORY CHECK

I, _____, hereby authorize and give permission to South Adams
(Please print your FULL name clearly and include middle initial)
School administrative personnel to conduct a Limited Criminal History background investigation of me.

Date of Birth _____

Gender _____

State of Birth _____

Race (Please circle)
Asian or Pacific Islander
Black
American Indian or Alaskan
Multi-Racial
White

Driver's License No. _____

I certify under the pains and penalties of perjury that the foregoing representations and information are true and accurate to the best of my knowledge.

Signed

Date

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