Community Consolidated School District 146

D146 VOLUNTEER BACKGROUND CHECK AUTHORIZATION FORM

FIERKE EDUCATION CENTER

(All information provided will remain confidential)

Name: (Please Print)

_____	_____	_____
Last Name	First Name	Middle Initial

Sex: _____ Race: _____ Date of Birth: _____

M = Male	W = White	Month/Day/Year
F = Female	B = Black	
U = Unknown	I = American Indian/Alaskan Native	
	U = 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.
For privacy reasons, do not fax or email this form.