



**D146 VOLUNTEER BACKGROUND CHECK AUTHORIZATION FORM**  
**FULTON SCHOOL**

(All information provided will remain confidential)

Name: (Please Print)

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

M = Male

F = Female

U = Unknown

W = White

B = Black

I = American Indian/Alaskan Native

U = Unknown

Month/Day/Year

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.**