

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA and the DPPA

Date:	_ Driver's Lic	ense Number:						
Last Name	First Name	•	Middle Initial					
			_					
Maiden and/or other Names Used								
Current Address	City	County	State	Zip				
Date of Birth	Social Secu	ırity Number	_					
Male Fen	nale							

This authorization and consent for release of personal information acknowledges that:

Riverview Charter School (Hereafter referred to as "Company") and/or its agent, Secure Search, may now, or at any time I am assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Secure search, the following information and/or copies of documents from my military service record: DD214, service record and any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under the company's employment or volunteer policies.

Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according



to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from my employer who has contracted with **Secure Search 558 Castle Pines Pkwy., Unit B-4, #137 Castle Rock, CO 80108** at telephone number (866) 891-1954. After reading this document, I fully understand its contents and authorize the background verification.



 5. As of the date of this authorization, do you have any pending criminal charges against you? YES NO If YES, Please provide an explanation below: 							
		DUATION. YOU MU					
City		County	State	Date From	Date To		
CORRECT AND C	OMPLETE. I NCOMPLETE T OR VOLUN	NFORMATION PROV UNDERSTAND THAT THAT GROUNDS FO ITEER POSITIONS W 'ER.	T IF ANY INFORM OR THE CANCEL	NATION PROVES T ING OF ANY AND	O BE ALL OFFERS		
Signed this	_ day of	, 20_					
Applicant (Print Na	ame)						
Applicant Signatur	re						