



VOLUNTEER AND CHAPERONE AUTHORIZATION FOR RELEASE OF INFORMATION

First Name Middle Name Last Name

Social Security Number

____/____/____
Date of Birth (XX/XX/XXXX)

CURRENT ADDRESS:	CITY:	STATE:	ZIP:

Please check the position:
 Chaperone Coach Volunteer

Please check the ethnicity identity:
 American Indian Alaskan Native Hispanic
 Asian White (non-Hispanic)
 Black (non-Hispanic) Other (please specify)

Sex (M/F) Maiden/Other name(s)

Additional Address-last 7 years required. List most current first, using the back of this page, if necessary.

CURRENT ADDRESS:	CITY:	STATE:	ZIP:

CURRENT ADDRESS:	CITY:	STATE:	ZIP:

Please list the school for notification that this information has been completed.

I authorize Fort Mill School District and The Chapman Corporation with their agencies to perform a criminal and national registered sex offender background check.

I understand that The Chapman Corporation, and its employees and/or agencies, shall not be held legally accountable in any way for providing this information to the above named person or company; and hereby release said agency and person from any and all liability, which may be incurred as a result of furnishing such information.

Applicant Signature Date