

Lee County Schools
Authority For Release Of Information

I understand that a consumer report or an investigative consumer report (hereinafter referred to as "report") may be procured at any time during my candidacy for employment and/or during my employment, contract work or volunteer work. I understand the Report may include information as to my character, work habits, performance, and experience, along with reasons for termination for past employment. I understand that as directed by Company policy, information may be obtained from public and private sources and may include information related to: social security number verification, criminal records (In accordance with State law, you are not required to disclose any arrest, charge or conviction that has been expunged from the public record), credit history, driver/motor vehicle records, employment, education, credentials, and personal references. I also understand that the information I provide regarding my sex, race and date of birth will be used for the sole purpose of gathering the above mentioned information correctly, and will not be used to discriminate against me in violation of any law.

I authorize this agency to perform a criminal history record check in connection with my application for employment or my employment with The Lee County Board of Education pursuant to NC GS 114-19.2 and 115C-332.

I understand that I am not required to disclose any arrest, charge or conviction that has been expunged from the public record.

Personal Information (List all names used) *Please Print All Information*

Last	First	Middle
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Address _____		
City _____	State _____	Zip _____
SSN _____	Date of Birth _____	Sex _____
Drivers License Number _____	State Issued _____	Expires _____
Position Applied For _____	School _____	
If volunteer please indicate <input type="checkbox"/> School Parent	<input type="checkbox"/> Community Member	<input type="checkbox"/> Other _____
Role: <input type="checkbox"/> Working With Students Alone	<input type="checkbox"/> Other _____	

I state that my personal information provided above is accurate to the best of my knowledge. I hereby authorize without reservation the procurement of a Report. Furthermore, I authorize an organization, person or agency to furnish information about me and I release any organization, person, agency and Company from any liability arising out of the request or release of the information contained in the Report. A photo or fax copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Signature _____ Date _____

Principal/Director Signature _____ Date _____

Report processed by
Background Investigation Bureau, Inc.
9710 Northcross Center Court
Huntersville, NC 28078