



Great Falls Public Schools
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 FAX: (406) 268-6094



Human Resources Office
 1100 4th Street South
 PO Box 2429
 Great Falls, MT 59403-2429
 E-mail: human_resources@gfps.k12.mt.us

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, am seeking employment or volunteer assignment with the Great Falls School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the Great Falls School District. The National Child Protection Act of 1993 (NCPA), Public Law (Pub.L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with an unsupervised access to children, the elderly, or individuals with disabilities. I hereby expressly and voluntarily give the Great Falls School District the right to make a thorough investigation of my past employment, education, and activities. I specifically authorize the release of any and all information of a confidential or privileged nature, **including confidential criminal justice information as defined in Section 44-5-103(3), MCA**, to the staff of the Great Falls School District and its agents. I understand that the Great Falls School District reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

I understand that I am entitled to (a) obtain a copy of any background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. Such request for a copy of my criminal history record and any challenge to the accuracy of such record should be addressed to Great Falls Public Schools; PO Box 2429; Great Falls, MT 59403

I hereby release the Great Falls School District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, from any liability for damage which may result from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA.

This document is effective until revoked in writing by me.

 SIGNATURE _____
 DATE

Print Full Name: _____

Print Full Address: _____
City State Zip

Social Security Number: _____ Date of Birth: _____

STATE OF _____)
) ss (NOTARY SEAL)
 County of _____)

On this ____ day of _____, 20____, before me, a notary public of the State of _____, personally appeared _____, known to me to be the person named in the foregoing Release, and acknowledged to me that _____ executed the same as a free act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

 Notary Public, State of _____
 County of _____
 My commission expires _____