

**AUTHORIZATION TO RELEASE INFORMATION,  
INCLUDING CONSENT TO FINGERPRINT BACKGROUND CHECK**

5122F

To Whom It May Concern:

I, \_\_\_\_\_, am ( ) an employee of the District, am seeking ( ) employment, ( ) volunteer assignment, ( ) and/or approval to be selected as an on-call substitute with Harlem School District. I hereby expressly authorize release of any and all information of a confidential or privileged nature, **including confidential criminal justice information as defined in § 44-5-103(3), MCA**, to the staff of the District and its agents. I will provide a set of fingerprints, and understand that a fingerprint background check will be at my expense.

I  have  have not [*check one*] been convicted or adjudicated\* of any crime in any jurisdiction, besides minor traffic offenses. Attached, if necessary, is a complete description of the circumstances surrounding the crime(s) of which I have been convicted or adjudicated in any jurisdiction. I acknowledged that I have the right to obtain a copy of the fingerprint background check obtained by the District and to challenge its accuracy if necessary. I further acknowledge that my access to children may be denied prior to completion of the fingerprint background check. \* *Adjudication – A passing of judgment of a court of law or a decision of a judge.*

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

**All statements and information provided within this application and attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact may result in refusal of or suspension from employment.**

This document is effective until revoked in writing by me.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Print full name: \_\_\_\_\_

Print full address: \_\_\_\_\_

STREET

CITY

STATE ZIP

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

STATE OF MONTANA )

: ss.

County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public for the state of Montana, personally appeared \_\_\_\_\_, known to me to be the person named in the foregoing Authorization to Release Information, and acknowledged to me that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed for the 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.

( S E A L )

\_\_\_\_\_  
[name]  
NOTARY PUBLIC for the state of Montana  
Residing at \_\_\_\_\_, Montana  
My commission expires: \_\_\_\_\_

Adopted on: July 16, 2003  
Reviewed on: February 22, 2011  
Revised on: April 16, 2013