

The Fox Point-Bayside School District
Background Check Authorization Form

I authorize the Fox Point-Bayside School District to perform a criminal history investigation. I am releasing the necessary personal information to you for this reason and it shall remain strictly confidential. I have the right to obtain a copy of the criminal history records, if any, and I have the right to challenge the accuracy and completeness of any information contained in the criminal history record, and to obtain a determination as to the validity of such challenge before final determination regarding employment/volunteer acceptance is made. I must submit this request in writing within 10 calendar days of notification of any problems or concerns regarding information received. **I also acknowledge I have reviewed the following district policies: #8120- Volunteers and #2416- Student Privacy and Parental Access to Information.**

Print full name including your middle initial: _____

Please list any nicknames, alias names or other names you have used, including all previous married names (if applicable): _____

Birthdate: _____ / _____ / _____

Social Security # _____ - _____ - _____

Sex: _____

Race/Ethnicity:

- American Indian/Alaskan Native Asian/Pacific Islander Hispanic/Latino
 Black/African American White

Have you lived in other states? If so, please list: _____

Please circle the school(s) where you have students attending and you will be volunteering at:

Stormonth Elementary School

Bayside Middle School

Signature: _____ Date: _____

PLEASE RETURN TO:

ATTN: KATIE KRISTOPEIT
Fox Point-Bayside School District Office
7300 N. Lombardy Rd.
Milwaukee, WI 53217