PERSONNEL 5730

volunteer—Authorization to Release Infor	<u>mation</u>
To Whom it May Concern:	
School District. I acknowledge that a comprotect the safety and welfare of the children expressly and voluntarily give the Cottonwinvestigation of my past employment, educed	seeking a volunteer assignment with the Cottonwood plete investigation into my background is necessary to en in the Cottonwood School District. I hereby good School District the right to make a thorough cation, and activities. I understand that the ght to use any lawful method of investigation that, in necessary.
This document is effective until revoked in	writing by me.
Signature:	Date:
Printed Full Name:	
Printed Full Address:	
Birth Date: Socia	al Security Number:
of Idaho, personally appeared person named in the foregoing Release, and	
IN WITNESS WHEREOF, I have hereunto year in this certificate first above written.	o set my hand and affixed my notarial seal the day and
	Notary Public, State of Idaho County of Idaho My commission expires