



## High Point Academy Office and Classroom Volunteer Consent to Conduct Background Check

Inaccurate, incomplete, and/or unreliable information will adversely affect timely, successful completion of background screening and clearance.

<b>Legal Name</b> (First, Middle, Last)	
<b>Other Names &amp; Aliases Used</b> (Birth Name, Maiden Name, etc.)	<b>Phone</b>
<b>Current Address</b> (Street, City, Zip)	
<b>Driver's License Number/State</b>	<b>Date of Birth</b>

I hereby give my permission for the High Point Academy of Fort Worth to obtain information relating to my criminal history record. I understand that as long as I volunteer, the Criminal History Records check may be repeated at any time. I release High Point Academy of Fort Worth from any liability based on the information received. I also understand that High Point Academy has the right to revoke my volunteering privileges at any time.

My signature below certifies that all information I have provided in connection with this background check is true, accurate, and complete to the best of my knowledge and that I have read, understand, and consent to the attached authorization.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature Date**