

Lake Oswego School District
Volunteer Record Check
Authorization Form

In signing this record check authorization form, I give permission for the Lake Oswego School District to obtain information regarding any criminal history records I may have, including:

1. Records of arrests
2. Records of convictions
3. Driving records

I understand that falsification of information on this form or the refusal to provide written authorization will disqualify me from volunteering with the Lake Oswego School District.

Please Print the Following Information

Position Applying for

Department/School

Full Name (Last, First, Middle)

Date of Birth

Other Names Used (List all other names used, including maiden name and any previous names or aliases.)

Home Address (street, city, state, zip code)

Home Phone #

Social Security #

Driver's License # & State

- Have you recently moved from another state? _____ If yes, which state? _____
- Have you ever been convicted of any crime except for a minor traffic violation?

yes no

If yes, what state? _____ Date _____, and what were you convicted of _____

- Have you been arrested for a crime for which there has not been an acquittal or dismissal?

yes no

If yes, what state? _____ Date _____, and what were you arrested for? _____

Applicant Signature

Date Signed

Administrator/Director Signature

Date Signed

Record check completed _____
(Date)

Approved

Not approved