

LANCASTER COMMUNITY SCHOOLS

**APPLICANT CRIMINAL BACKGROUND CHECK
RELEASE AND AUTHORIZATION FORM**

I hereby authorize Lancaster Community Schools or other authorized representatives of the organization bearing this release, or copy thereof, to obtain any information pertaining to criminal and/or civil court records. I hereby direct you to release such information to Lancaster Community Schools or other authorized representatives of the organization.

I hereby fully release and discharge Lancaster Community Schools, their employees, agents, attorney, and their respective affiliates from all claims and damages arising out of or relating to any investigations of my background for employment.

Name: _____
First, Middle, Last – Print Clearly

Current Address: _____

City State Zip Code

Other Name/ Alias/ Maiden Name: _____

Date of Birth: _____

Have you ever been convicted for any crime, including sex-related or child-abuse related offenses? _____No _____Yes. If Yes, please provide detailed explanation on the back.

Signature

Date

925 West Maple Street, Lancaster, WI 53813