ROCKINGHAM COUNTY SCHOOLS

RELEASE OF INFORMATION FORM

The purpose of this form is to notify you, in accordance with present federal law that a background report, including a criminal records check, will be obtained on you in consideration for employment and/or in the course of your employment with the Rockingham County Schools. I understand that the information below regarding gender, race, and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law. This releases the aforesaid parties from any liability and responsibility for collecting the above information.

_____ _____ _____ _____
First Name Middle Name Maiden Name Last Name

Social Security # _____ Date of Birth _____
Month Day Year

Present Address _____

City _____ State _____ Zip Code _____

Driver's License # _____ State of Issue _____

Gender _____ Female _____ Male

Race (please check one):
_____ American Indian or Alaska Native
_____ Asian
_____ Black
_____ Hispanic/Latino
_____ Native Hawaiian or Other Pacific Islander
_____ White
_____ Other

Please list all cities, counties and states in which you have lived within the past 20 years.

Street	City	County	State	Zip Code	Dates

Applicant's/Employee's Signature: _____ **Date:** _____

(By signing the line above I am authorizing Rockingham County Schools to conduct a criminal records check.)

RELEASE OF INFORMATION FORM (Page 2 only if needed)

Additional Addresses:

Street	City	County	State	Zip Code	Dates
Street	City	County	State	Zip Code	Dates
Street	City	County	State	Zip Code	Dates
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