

***Marietta City Schools***  
***In conjunction with the***  
***TOP DRUG & SAFETY PROGRAM***

**AUTHORIZATION FOR RELEASE OF INFORMATION  
BACKGROUND CHECK CONSENT FORM**

I hereby give LexisNexis, an independent contract agency, permission and authority to conduct a background investigation and reference check concerning past and current activities. I agree and consent to any investigation by LexisNexis. The investigation includes, but is not limited to, information about my former employment, education, driving record, wage information, criminal convictions and other information contained in public records or obtainable from former employers or other references, both business and personal \_\_\_\_\_ (initials)

I consent to, authorize, and request any former employer, personal references, schools, police, court, and personal credit reporting agencies and any other person to respond to verbal or written inquiries from and to disclose information concerning: \_\_\_\_\_ (initials)

- (a) My previous employment record;
- (b) My educational records from any public or private educational institutions;
- (c) My general background (I specifically request, authorize and consent to LexisNexis written or verbal request of personal references);
- (d) My professional or vocational license(s) or certification(s) that I have held in the past or currently hold.
- (e) Whether I have a record of criminal conviction, and, if so, the nature of such criminal convictions and all surrounding circumstances;

I am aware that the results of any background investigation performed by LexisNexis will be provided to the Marietta City School District. The Marietta City School District will utilize my background information for volunteer approval purposes only and shall not disclose the information to other parties. I am aware that the result of any background investigation performed by LexisNexis is not the sole criteria used in making any decision. I understand that any falsification, omission, or misrepresentation of information appearing on my application for volunteer approval or my personal history statement shall be grounds for not being approved as a volunteer. I understand that if I falsify information on my forms I will not be eligible for another background check for 30 days. If I refuse to submit to this process, I understand that I shall not be considered an approved volunteer \_\_\_\_\_ (initials)

I hereby release LexisNexis, its officers, employees and agents, and all persons, companies, corporations, law enforcement agencies or individuals from liability and responsibility that my result from providing LexisNexis and/or its designees the information described in this release except in case of willful negligence. \_\_\_\_\_ (initials)

I have read this Authorization for Release of Information and have voluntarily agreed to its terms to assist LexisNexis in evaluating my qualifications for employment. \_\_\_\_\_ (initials)

I acknowledge that I have received a copy of TOP Drug & Safety's background policies and procedures regarding background security. \_\_\_\_\_ (initials)

I understand that one copy will be retained in file for **5 years for bi-annual checks** \_\_\_\_ (initials)

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1 In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from your credit or criminal report and, in that event, you will receive a copy of the credit report and "A Summary of Your Rights Under the Fair Credit Reporting Act." \_\_\_\_\_ (initials)