



Criminal Background Check

Authorization for Release of Information, State and Federal Access

Name _____
Last First Middle Maiden

Date of Birth _____ Social Security Number _____

License Number _____ State Issuing _____ Gender _____

Please list your addresses for the past seven years.

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

I hereby authorize Millennium Charter Academy (MCA) and its designated agents and representatives to conduct a comprehensive criminal review of my background at any time while my children are enrolled at the Academy. I understand that the scope of the report may include, but is not limited to the following areas: civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, and other public records. I further authorize MCA's designated agents and representatives to divulge any and all information pertaining to me to Millennium Charter Academy. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Millennium Charter Academy, its designated agents and officials, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature _____ Date _____