

MRH Volunteer Release to Process Criminal Background Record Check



I, _____ acknowledge and agree to the following provisions as conditions in consideration of my request to volunteer at the Maplewood Richmond Heights School District. I consent to having a criminal and arrest records check as a condition for consideration for volunteering for the Maplewood Richmond Heights School District. I am providing the following information to process this background check with **Missouri State Highway Patrol**. The cost for the background check will be paid by the Maplewood Richmond Heights School District.

MUST PROVIDE ALL INFORMATION IN ORDER TO RUN A BACKGROUND CHECK.

**Full Name
Printed:**

**Date of
Birth:**

**Social
Security
Number:**

Volunteer's Signature

Date

Name of School & Activity

School Personnel Requesting Record Check