

**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 Criminal Records, LLC. The cost for the background check will be paid by the Maplewood Richmond Heights School District.

Full Name:

Date of Birth:

Social Security Number:

\_\_\_\_\_

Volunteer's Signature	Date
-----------------------	------

\_\_\_\_\_

Name of School