MRH Volunteer Release to Process Criminal Background Record Check

| I,acknowle | edge and agree to the following | | |
|--|-----------------------------------|--|--------------------------------------|
| provisions as conditions in consideration | of my request to volunteer at the | | |
| Maplewood Richmond Heights School D | pistrict. 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 co | est for the background check will be |
| | | paid by the Maplewood Richmond Heigh | ts School District. |
| | | | |
| Full Name: | | | |
| Date of Birth: | | | |
| Social Security Number: | | | |
| | | | |
| | | | |
| | | | |
| Volunteer's Signature | Date | | |
| | | | |
| Name of School | | | |