



INFORMATION RELEASE

Full Name	Social Security Number*	Date of Birth*
Address (Number and Street)		
City	State	Zip
Home Phone	Business Phone	Other Phone

**Social Security Number and Date of Birth will be used only for obtaining background and criminal history records.*

This release and authorization acknowledges that the Dulce Independent Schools (DISD) may now, or at any time while I have entered into an employment association with DISD, conduct a verification of my education, employment history, credit history, driving history and/or any other information submitted by me to DISD in support of my employment relationship with DISD. In addition, DISD may contact personal references, require that I submit to tests for the presence of drugs or alcohol, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill employment requirements.

I authorize DISD 's authorized representatives to receive verbally and in writing the results of any such checks or verifications. The results will be used to determine eligibility for a new or continuing employment association with DISD.

I have read and understand this release and authorization, and release any persons and agencies providing such information to DISD from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I also hereby agree to release DISD to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. It is my understanding that, according to the Federal Fair Credit Reporting Act, DISD will advise me if any information they have obtained about me through this Release results in my ineligibility for a new or continuing employment relationship with DISD, and that DISD will provide me with specifics and sources to allow me the opportunity to correct such information, if false, and submit written documentation to DISD for reconsideration, as appropriate.

Printed Name: _____

Signature: _____

Date: _____