

Background Check Authorization Form
(Volunteers, Chaperones, Contractual Employees)

Date: _____

Name: _____

School: _____

Assignment: _____

Scheduled Appt. Date ____/____/____ Scheduled Time _____

In order to provide safety for the students, DeSoto County Schools is requesting that the individual listed above have a complete background check prior to being assigned duties by the Principal.

(Principal's Signature)

Office Use Only:

Date Background Check was Performed ____/____/____

Copy of Driver's License Provided _____

Release Form Signed _____

Emailed confirmation to the Principal: _____

Signature: _____