

2
3 AUTHORIZATION TO RELEASE INFORMATION

4
5 TO WHOM IT MAY CONCERN:

6
7 I, _____, am seeking employment and/or approval to be selected as an
8 on-call substitute with Frenchtown School District #40 (the District). I hereby expressly authorize the release of
9 any and all information of a confidential or privileged nature, **including confidential criminal justice**
10 **information as defined in §44-5-103(3), MCA**, to the staff of the District and its agents.

11
12 I have _____ have not _____ been convicted or adjudicated* of any crime in any jurisdiction, besides
13 minor traffic offenses. Attached, if necessary, is a complete description of the circumstances surrounding the
14 crime(s) of which I have been convicted or adjudicated in any jurisdiction. I acknowledge that I have the right
15 to obtain a copy of the fingerprint background check obtained by the District and to challenge its accuracy if
16 necessary. I further acknowledge that my access to children may be denied prior to the completion of the
17 fingerprint background check.

18 * *Adjudication - A passing of judgment of a court of law or decision of a judge.*

19
20 I hereby release the District and any organization, company, institution, or person furnishing
21 information to the District and its agents as expressly authorized above, from any liability for damages which
22 may result from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5,
23 Part 3, MCA.

24 This document is effective until revoked in writing by me. **(This must be signed in front of a notary)**

25
26 _____
27 SIGNATURE DATE
28
29 Print full name: _____
30
31 Print full address: _____
32
33 _____
34 CITY STATE ZIP

35
36 Birth Date: _____ Social Security Number: _____

37
38 STATE OF MONTANA)
39 : ss.
40 County of _____)

41
42 On this _____ day of _____, 200__, before me, a Notary Public for the state of
43 Montana, personally appeared _____, known to me to be the person named in
44 the foregoing Authorization to Release Information, and acknowledged to me that _____ executed the same as
45 _____ free act and deed for the purposes therein mentioned.

46 IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in
47 this certificate first above written.

48
49 _____
50 [name]
51 (S E A L) NOTARY PUBLIC for the State of Montana
52 Residing at _____, Montana
53 My commission expires: _____
54

55 Revised: