

## WEST LINN - WILSONVILLE SCHOOL DISTRICT

## AUTHORIZATION TO OBTAIN BACKGROUND REPORT - PURSUANT TO 15 U.S.C. 1681b(b)(2)(B).

I authorize the West Linn - Wilsonville School District to obtain a background report for employment or volunteer purposes. I understand that an inquiry may include, but is not limited to: criminal records, motor vehicle records, address verification, civil court records, personal or professional references, and education verification. I understand that my employment is contingent upon successful completion of this process. An inquiry may be made as part of a pre-employment or volunteer screening process as well as at any time during the course of employment with the district. No additional notice or authorization shall be needed for future inquiries and to obtain additional reports.

		Event				
Will you be working alone w	with students? Yes	No				
	d grade (if applicable)					
Specific Position			School(s)/Location	1		
Full Legal Name:First	Legal Name: Middle		`	Pho	ne Numbe	 er
Duraniana Namasa Haad /Mai						
	den name, aliases, etc.)					
Date of Birth:	f Birth: Driver's Lic # & State:		Full SSN :			
Home Address:		Cit.			7:	
Street	'	City	State		Zip	
If you have lived outside of	f Oregon please list other Ci	ty & State in whic	h you have reside	d::		
The purpose of listing date of I	birth and SSN (for those outside	e Oregon) is for ide	ntification purposes	only in conducti	ng a backg	round screening. I
is the policy of the West Linn-\	birth and SSN (for those outside Wilsonville Board of Education a marital status, religion, national	and School District	that no discrimination	n or harassmen	t on the gr	ounds of race,
is the policy of the West Linn-V color, sex, sexual orientation, i		and School District I origin, age or disa	that no discrimination	n or harassmen nal programs, a	t on the gr ctivities or	ounds of race, employment shall
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Date