CHILD(REN)'S LAST NAME(S): _____

CHILD(REN)'S HOMEROOM: _____

METROLINA REGIONAL SCHOLARS ACADEMY

# Authority to Release Information for Criminal Background Check

**Please PRINT Clearly**

Background checks are good for 2 years.

**Cost: $20.00** (please include payment with form or pay online immediately)

- ❑ **Cash**
- ❑ **Check** (made out to Scholars Academy)
- ❑ **Online Payment** (under "resources>forms" on the website)

I authorize The Chapman Corporation to perform a criminal record check in connection with my application for employment or my employment or my volunteer work with Metrolina Regional Scholars Academy pursuant to N.C.G.S. 114-19.2 and N.C.G.S. 115C-332.

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FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

MAIDEN NAME _____ DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

CURRENT STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

List all addresses held within the last ten years. List the most current first. Attach additional sheets if necessary.

CURRENT STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

CURRENT STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

CURRENT STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

I understand that The Chapman Corporation and its employees shall not be held legally accountable in any way for providing this information to the above named company and hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information.

APPLICANT/EMPLOYEE PRINTED NAME _____ APPLICANT/EMPLOYEE SIGNATURE _____ DATE _____