



Volunteer Authorization of Disclosure and Release of Information

I authorize Wingra School and/or Fidelitec, LLC, to investigate my eligibility for a volunteer assignment and retrieve information relating to my past activities for purposes of such investigation from all relevant individuals and organizations, including but not limited to personnel, educational institutions, government agencies, companies, and law enforcement agencies, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, employment, academic, residential, motor vehicle, and criminal records. I understand that I have the right to request additional information about these inquiries and any subsequent reference reports. This additional information will be provided to me upon written request to Fidelitec, LLC, 245 Horizon Drive, Suite 107, Verona, WI 53593.

I hereby certify that all information on this form is true and complete to the best of my knowledge, and I understand that any false answers or omissions of information on this form will be sufficient cause to deny me a volunteer assignment. I understand that by furnishing my birth date below, Wingra School and/or Fidelitec, LLC, are using that information for the sole purpose of verifying identification as part of the criminal records check and the birth date will not be used in any other regard. I release all parties for all liability for any damage that may result from furnishing information, including this disclosure of my date of birth and this authorization to Wingra School and/or Fidelitec, LLC.

I authorize that a photocopy or fax of this authorization be accepted with the same authority as the original; and that this authorization remain in effect throughout my time as a volunteer for Wingra School.

Print Name (First, Middle Initial, Last)

Signature

Date

Street City State Zip

SOCIAL SECURITY NUMBER — —	BIRTH DATE (MONTH / DAY / YEAR) / /
DRIVER'S LICENSE NO.	STATE EXPIRATION DATE