

**AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK – on BOTH PARENTS
(in order to ensure safety for all of our students when parents serve at school)**

I, (name of parent) _____, hereby authorize The Daniel Academy from time to time, as deemed appropriate, to request any law enforcement agency, or any other agency chosen by The Daniel Academy specifically for conducting this search to release information regarding any record of charges or convictions contained in its files, or any criminal file maintained on me, whether local, state, or national, and including but not limited to accusations and convictions or crimes committed against minors, to the fullest extent permitted by local, state and federal law. I do release said law enforcement agencies and any other entities from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant (Parent)

Date

Print applicant's (parent) full name: _____

Print all other names that have been used by applicant (if any): _____

Social Security number (required) _____

Date of birth: _____

Place of birth: _____

Current Address Street/Apt _____

City, State, Zip Code _____

Most recent previous address if outside the Kansas City Metro Area

Street/Apt. _____

City, State, ZipCode _____

Driver's license number: _____

State issuing license: _____

License expiration date: _____

Daytime Phone: _____

Email: _____