

Northeastern Wayne School Corporation

Event _____

Class/Teacher _____

Please list the following information in addition to completing the Waiver form on the back.

Information for Limited Criminal History Check

Full Name _____

Current Address _____

Phone No. _____

Place of Birth _____

Date of Birth _____

**WAIVER
PUBLIC LAW 93-380
"Family Educational Rights and Privacy Act of 1974"**

AUTHORIZATION FOR RELEASE OF INFORMATION

Date _____

I, _____, being aware of the provisions of Public Law 93-380, "Family Educational Rights and Privacy Act of 1974" hereby affix my signature and provide a waiver of the above law's provisions.

I hereby grant authorization to the Northeastern Wayne School Corporation to:

- 1) Conduct a criminal history record check of my background with the appropriate Law enforcement agencies.**

I hereby further authorize:

- 2) The appropriate law enforcement agencies to provide the Northeastern Wayne School Corporation with any information about me regarding any felony or misdemeanor convictions or any pending criminal charges.**

Signature of Applicant

Date