

Putnam City School District
5401 NW 40th St
OKC, OK 73122
Telephone: (405) 495-5200
Fax: (405) 491-7516

School/Site _____



Volunteer Form - Release of Information

PLEASE PRINT LEGIBLY

Legal Name:

First

Middle

Last

Date of Birth: ____/____/____ Gender: M / F

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State Issued: _____

Current Home Address: *Street Apt City County State Zip Code*

Past Home Address: *Street Apt City County State Zip Code*

List any other names you have used

_____ - _____

Name

Dates Used

City State

Have you ever been convicted of a crime? Yes / No. If yes, please complete the section below.

Date Offense City County State

Date Offense City County State

I authorize, without reservation, any person or entity contacted by PUTNAM CITY SCHOOLS to, furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release PUTNAM CITY SCHOOLS, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the verification process will disqualify me. By my execution hereof I acknowledge that a report will be requested and used for the purpose of evaluating me for volunteering.

Signed

Date