



CONSENT WAIVER & AUTHORIZATION (NAME BASE CHECK ONLY)

I do, hereby, consent and authorize A. W. Brown Leadership Academy to conduct a background investigation in order to obtain information from any and all state and federal law enforcement agencies.

I have been made aware that my social security number will be checked against the Texas Department of Public Safety Crime Records Service. I, hereby, further verify that I have signed this authorization freely and voluntarily without any coercion or consequences whatsoever of any kind or nature for failure to do so.

Failure to clear the criminal history record check as per District policy may disqualify me from servings as a volunteer, contractor or employee for AWBLA.

SELECT WORK LOCATION

Central/Business	Genesis Campus PK-5	Quest Campus K-5	Quest MS 6-8

Title/Volunteer Date

LastName FirstName Middle Name

Social Security Number Driver's License Number/State/Class Date of Birth (MM/DD/YYYY)

Gender Race Hair Color Eye Color Height Weight

Mailing Address Apt. City/State/Zip Code

Mobile Phone # Home Phone #

Email Address Signature

FOR VOLUNTEERS ONLY

1. _____
Scholar's Name/Grade/Section

2. _____
Scholar's Name/Grade/Section

1. _____
Scholar's Name/Grade/Section

2. _____
Scholar's Name/Grade/Section