

# LANDER COUNTY SCHOOL DISTRICT

P.O. Box 1300 625 Weaver Avenue Battle Mountain, Nevada 89820

PH: (775)-635-2886 FAX: (775)-635-5347

RE:

## APPLICANT'S AUTHORIZATION

My signature below authorizes **Lander County School District** to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitations hereby release the school district and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Sheriff, information from the Central Criminal Records Exchange of either date on all criminal convictions of certification that no date on criminal convictions are maintained, information from the State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

---

Applicant's Signature

SS#

DATE