

BACKGROUND INVESTIGATION AUTHORIZATION

For Liberty Homeschool Academy

LHA conducts background checks in accordance with applicable WA State law, RCW 43.43.830–845.

PLEASE PRINT CLEARLY

Full Legal Name: _____

Other aliases or names used: _____

**Please include maiden name*

Social Security Number: _____ - _____ - _____ DOB: ____/____/____

**DOB and SSN is only used for identification purposes in screening inquiries*

Driver's License Number _____

Current Street Address: _____ APT#: _____

City: _____ State: _____ Zip: _____

Preferred Contact Number: _____ E-mail address: _____

**These will only be used if further information is required to complete your report.*

I understand that, as part of the screening process for **LHA**, a background check must be conducted to help provide a safe and secure environment for the students, families, and volunteers participating in our homeschool co-op.

I hereby authorize LHA and/or its designated screening service to investigate and verify information relevant to my suitability for volunteer service. This may include, but is not limited to, criminal history records, sex offender registry information, driving records when relevant to my responsibilities at LHA, employment or volunteer history, educational background, and personal or professional references.

I understand that the information obtained through this process will be used solely for the purpose of evaluating my suitability to serve as a volunteer with LHA and will be handled confidentially to the extent permitted by law.

I authorize this investigation and the release of information for the current volunteer screening process. I also authorize LHA to obtain subsequent background check reports or updates as reasonably necessary during my continued volunteer service, subject to applicable law and LHA policies.

By signing below, I confirm that I have read and understand this authorization and voluntarily give permission for the background investigation described above.

(Signature)

_____/____/_____
(Date)