

# KIMBERLY SCHOOL DISTRICT #414

141 Center Street West  
Kimberly, Idaho 83341

## CONSENT / RELEASE STATEMENT

I, \_\_\_\_\_

Date of Birth \_\_\_\_\_

Hereby authorize any authorized representative of Kimberly School District #414 bearing this release, or copy thereof, within one year of its date to obtain any information in your files concerning me under the name above and under any alias or other first or last name, pertaining to my employment, criminal history, military credit or educational records including, but not limited to, academic achievement, attendance, athletic, personal history, disciplinary and medical records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of Kimberly School District #414. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any question as to the validity of this release, you may contact me as indicated below.

Date: \_\_\_\_\_

Full Name (signature): \_\_\_\_\_

Full Name (typed or printed): \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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**AFFIRMATIVE ACTION INFORMATION:** The following information is requested in order to monitor our Affirmative Action Program and to insure equal employment opportunity. While you are not required to complete this bottom portion, your cooperation in providing the data is appreciated.

THIS INFORMATION WILL NOT BE USED IN THE SCREENING / HIRING PROCESS AND WILL BE FILED SEPARATELY.

To assist in this program, please provide the following information:

POSITION APPLIED FOR \_\_\_\_\_

- Is your physical and mental condition such that you could perform the essential functions of the position for which you are applying?  
•  Yes  No Explain if you wish: \_\_\_\_\_
- Race or cultural group:  American Indian  Black  White  Hispanic  
 Asian / Pacific Islander  Other
- Sex:  Female  Male
- Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_