



**INDEPENDENCE CHARTER MIDDLE SCHOOL
Background Check Permission Form**

Please complete and sign:

Full Name _____

Address _____
Street Address

_____ City State Zip

Date of Birth _____

Social Security Number _____

Home Phone _____ Cell Phone _____

Email Address _____

Student Name _____

I, _____, give Independence Charter Middle School permission to run a background check for the purposes of volunteering at the school.

Date

Signature