

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 11/12/19



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- Recognition:** Students Staff Parents
- Information:** Building Report Old Business Superintendent's Report
- Action:** Resignation Hiring Contract Service Agreements
- Travel Out-of-State Travel In State Approvals
- Termination Legal Matters Other:
- This action request pertains to Elementary (only) High School/District Wide
-

Date: 11/5/19

To: **Browning School Board**
 Members

From: Corrina Guardipee-Hall ED.S.
 Title: Superintendent

Subject: **Review Policy #5122F Fingerprints, Criminal Background Investigations & Authorization**

Description: The school board reviewed board policy #5122F and recommends changes as per the attached policy.

Financial Impact: NA

Funding Source (Budget/grant, etc.): NA

Attachment/s: Policy #5122F

Comments: _____

Board Action: N/A (Info) Approved Denied Tabled to: _____

1
2 **5122F AUTHORIZATION FOR FINGERPRINT BACKGROUND CHECK**

3
4 **TO WHOM IT MAY CONCERN:**

5
6 I, _____, am seeking employment and/or approval to be selected as an employee or
7 volunteer with Browning School District #9 (the District). I hereby expressly authorize the release of any and all
8 information of a confidential or privileged nature, including confidential criminal justice information as defined in §
9 44-5-103(3), MCA, to the staff of the District and its agents.

10
11 I have _____ have not _____ been **charged**, convicted, or adjudicated* of any crime in any jurisdiction, besides
12 minor traffic offenses. Attached, if necessary, is a complete description of the circumstances surrounding the crime(s)
13 of which I have been **charged**, convicted or adjudicated in any jurisdiction. I acknowledge that I have the right to
14 obtain a copy of the fingerprint background check obtained by the District and to challenge its accuracy if necessary.
15 I further acknowledge that my access to children may be denied prior to the completion of the fingerprint background
16 check. * *Adjudication – A passing of judgment of a court of law or decision of a judge.*

17
18 I hereby release the District and any organization, company, institution, or person furnishing information to the
19 District and its agents as expressly authorized above, from any liability for damages which may result from any
20 dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA.

21
22 This document is effective until revoked in writing by me.

23
24 Signature: _____ Date: _____

25
26 Print full name: _____

27
28 Print full address: _____

29
30 _____
31 CITY STATE ZIP

32
33 Birth Date: _____ Social Security Number: _____

34
35 STATE OF MONTANA)

36 : ss.
37 County of _____)

38
39 On this _____ day of _____, 20____, before me, a Notary Public for the state of Montana, personally
40 appeared _____, known to me to be the person named in the foregoing
41 Authorization to Release Information, and acknowledged to me that _____ executed the same as _____ free act and
42 deed for the purposes therein mentioned.

43
44 IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notary seal the day and year in this certificate
45 first above written.

46 _____ [name]

47
48 (S E A L)

49 NOTARY PUBLIC for the State of Montana

50 Residing at _____, Montana

51
52 My commission expires: _____