

**Authorization for Criminal Background Checks Volunteers and Non-staff Chaperones**

By signing this authorization, I give the agencies named below permission to request an MDHS Child Abuse/Neglect Central Registry and/or Criminal Background Check. I understand that the information will be used only for purposes of allowing me to volunteer and/or chaperone and will not be disseminated to any other persons or used for any other purpose.

Mississippi Department of Human Services  
Division of Family & Children Services  
Child Abuse Central Registry  
P.O. Box 352  
Jackson, MS 39205

Tupelo Public School District  
P.O. Box 557  
Tupelo, MS 38802

Volunteer Name: \_\_\_\_\_  
(include full name, aliases, nicknames, maiden name)

SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY;**

I have witnessed the applicant's signature and the information is true and attested by my viewing the volunteer's driver's license or government issued picture identification. I understand that this information must be kept confidential.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date