

## Disclosure and Release of Information Authorization

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I authorize **Lutheran Social Services of South Dakota** and **First Advantage.**, a consumer reporting agency, to retrieve information from government agencies and law enforcement agencies at the federal, state (including the Minnesota Bureau of Criminal Apprehension), or county level, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received is limited to criminal history records. I understand that this information may be shared with officials in the school district in which I plan to volunteer.

I hereby certify that all the statements and answers set forth on the application form are true and complete to the best of my knowledge, and I understand that if subsequent to my service with LSS Mentoring Services any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my service with LSS Mentoring Services.

*I understand that a photocopy of this authorization be accepted with the same authority as the original; and that this release will remain in effect throughout my time with LSS Mentoring Services.*

***Please print clearly and complete all fields.***

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|           |                        |              |
|-----------|------------------------|--------------|
| Signature | Social Security Number | Today's Date |
|-----------|------------------------|--------------|

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|           |            |             |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

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|-------------------------|--------------|---------------|-------------|
| Current Mailing Address | Current City | Current State | Current Zip |
|-------------------------|--------------|---------------|-------------|

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|----------------------|------------------|------------|------------|
| Driver's License No. | State of License | Expires On | Birth Date |
|----------------------|------------------|------------|------------|

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List at least one MAILING ADDRESS in **each** CITY AND STATE in which you have lived during the previous 7 years.

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List any other LAST NAMES you have used during the previous 7 years.

**Return Completed Form to**  
LSS Mentoring Services  
621 E Presentation Street  
Sioux Falls, SD 57104  
FAX: 605-221-2425  
EMAIL: mentoring@LssSD.org