



ROLLA PUBLIC SCHOOLS

FAMILY CARE SAFETY REGISTRY (FCSR)

RELEASE OF INFORMATION FORM

The Rolla Public School District is committed to providing a safe environment for students to learn. As part of this effort, the District requires criminal background checks of employees, as well as volunteers, chaperones, and others in positions where they will be left alone with a child in accordance with Policy GBEC Critical. Information received by the District pursuant to a criminal background check is confidential. Except as allowed by law, the District will only use this information for internal purposes. The District will keep this information in a location that is only accessible to person who need to know the information to carry out their responsibilities with the District.

Registration can be completed in 3 easy steps!

- Step 1:** Register with FCSR online at <https://health.mo.gov/safety/fcsr/>.
A one-time registration fee of \$15.25 applies (this includes a registration fee of \$14 plus a \$1.25 processing fee).
- Step 2:** Complete and sign this "Release of Information" form. If you are a chaperone or volunteer, you may also return it to any school office.
- Step 3:** Your letter of approval will be mailed to you from FCSR.

PERSONAL INFORMATION

Please print. Provide all registered names possibly used with FCSR.

Last name: _____

First name: _____ Middle name: _____ Suffix (if applicable): _____

Other names use (including other last names, other first names, nicknames): _____

Date of birth: ____ / ____ / _____ Social Security number: _____ - _____ - _____

CONTACT INFORMATION

Street address: _____ PO Box: _____

City, state, zip code: _____

Email: _____ Home/Cell phone: _____ - _____ - _____

AUTHORIZATION

I certify that I am registered with the Missouri Department of Health and Senior Services - Family Care Safety Registry (FCSR). I hereby authorize Rolla Public School District to conduct a check of records to verify background information on the FCSR website. I understand that my social security number will only be utilized to verify background information with the FCSR. I also understand I must inform the Rolla Public School District if I am subsequently convicted of any criminal offense during my affiliation with the school district and its programs. I understand I will only have to register once with FCSR, however I must contact the Rolla Public School District's Human Resources or Volunteers office to have a background check run annually. I grant permission for the Rolla Public School District to conduct a background check on me either by verbal or electronic communication authorized by me.

I hereby release and discharge the Rolla Public School District, its employees, and any individual obtaining information for the Rolla Public Schools, from any liability whatsoever as a result of inquiries or disclosures related to my background check.

NOTE: Students also have the right to a safe learning environment, which includes having reasonable mitigation strategies in place to guard against illness and infection. In accordance with our COVID-19 operating procedures and SRCSP, I comply with all protocols set forth by the District. Please review the SRCSP at rolla31.org.

Signature: _____ Date: _____

OFFICE USE ONLY

Employee Substitute Teacher Volunteer Chaperone Recruiter Other _____

Date cleared: _____