

Disclosure and Release of Information Authorization

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 in the Lutheran Social Services Mentoring Programs 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 in the Mentor Program.

I am willing 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 or you may experience a delay in the application process.

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.

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

RETURN COMPLETED FORM TO:

LSS Mentoring Services
705 E 41st Street, Suite 220
Sioux Falls, SD 57105
FAX: 605-444-7540
Email: Mentoring@LssSD.org