 **Volunteer Disclosure/Release of Information Email Consent Form**

(This form is required every three calendar years)

Attention Volunteers:

Sherman Elementary is encouraging volunteers to complete the *Disclosure/Release of Information* form onlinefor security purposes. The completion of this form will allow us to start that process and to send a link to your email from investigations@fidelitec. (The background screening company used by the ECASD)

**Steps to completing the Disclosure/Release of Information process:** **This is a two-step process. Check your email for step two.**

1. Potential volunteers complete the back of the pink Volunteer Agreement form and the bottom portion of this white form and return both to Sherman Elementary.

2. Potential volunteers need to check their email inbox for an email sent to them via investigations@fidelitec. *(This typically takes two or three days)*

3. Complete all necessary information required by Fidelitec securely online, and that’s it!

If you do not have email or internet access, please contact Samantha Zappa at 715-852-4807 for a paper copy of this form. *(This typically takes about one-two weeks)*

**Please complete the bottom portion of this form and return to Sherman Elementary**

**-------------------------------------------------------------------------------------------------------------------**

**Email Consent Form: This is a two-step process. Check your email for step two.**

First and last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: (\_\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Email address: (**PLEASE PRINT CLEARLY**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_**.** \_\_\_\_\_\_\_\_\_

Do you have students who attend Sherman Elementary? If so, please list their name and teacher below:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ Initial here if you agree to complete all required information online via investigations@fidelitec for the Eau Claire Area School District.

\_\_\_\_\_\_\_ Initial here that you have read and understand that your application will be not be processed if the required information is not submitted or is incomplete. Thank you!

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_