

Office: (208) 332-6800 Fax: (208) 334-2228

Speech/Hearing Impaired: (800) 377-3529

PARENTAL CONSENT FOR BACKGROUND INVESTIGATION CHECK FOR MINOR

As the parent/legal guardian of,	, I understand the purpose of
this background investigation check and herby	give consent and authorize the Idaho State
Department of Education to conduct a background check on the above-referenced minor.	
Parent/Guardian Printed Name	
Parent/Guardian Signature	Date