



CONSENT TO DISCLOSE

Name: _____

Date: _____

Social Security Number: _____

By signing, I, _____, give A' Royal Academy permission to do a criminal background check on the name of social security number above. I understand that A' Royal Academy may share my personal information with other agencies during this process. I attest that the information given above is true.

Signature: _____

Date: _____

Witness/Title: _____

Date: _____



RECEIPT OF DISCIPLINE POLICY & RELEASE POLICY.

In signing this statement I agree that I have received a copy of A' Royal Academy's Discipline Policy and Release Policy.

Staff Print: _____

Signature: _____

Date: _____

