RAMAH NAVAJO SCHOOL BOARD, INC.

P.O. Box 10 • Pine Hill, New Mexico 87357 • Phone: (505) 979-9230 • Fax: (505) 775-3799

Human Resource

RELEASE AND AUTHORIZATION

I hereby authorize the RAMAH NAVAJO SCHOOL BOARD, INC., to conduct an investigation into my personal background for the purpose of evaluating my qualifications for employment, promotion, reassignment or retention, volunteer, potential RNSB employee, or independent contractor along with the contractor's employees. I acknowledge and agree that RAMAH NAVAJO SCHOOL BOARD, INC., may conduct all or part of such investigation. I also acknowledge and agree that RAMAH NAVAJO SCHOOL BOARD, INC., may obtain information pursuant to such investigation through personal interview and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, credit, employment history, and public record information(e.g. record of civil judgments, convictions, arrests, motor vehicle violations, tax liens, or bankruptcy information) as well as diplomas, degrees, licenses, and transcripts may be relevant to RAMAH NAVAJO SCHOOL BOARD, INC., evaluation of my qualifications and that such inquiry will be made pursuant to such investigation to release and disclose to RAMAH NAVAJO SCHOOL BOARD, INC., I hereby release RAMAH NAVAJO SCHOOL BOARD, INC., and any persons providing information in connection with the above described background investigation.

I have been advised and I understand that I have the right to make a written request to receive information concerning the nature and scope of the above-described background investigation. I further understand this Release and Authorization will be valid through my employment or independent contract agreement and/or services rendered with the RAMAH NAVAJO SCHOOL BOARD, INC., The foregoing is in accordance with my understanding and agreement and my signature on this Release of Authorization confirms my acceptance hereof. Copies of the Release of Authorization that show my signature are as valid as the original Release and Authorization signed by me. Before signing, I have had the opportunity to review this document with any one of my choosing including an attorney.

Signature	Print Name: (FIRST, MI, LAST NAME)	
Alias Names used:		
Date of Birth: (MM/DD/YYYY)	Social Security #:	
Mailing Address:	CITY	ZIP
Physical Address:	CITY	ZIP

Revised 07/06/2026