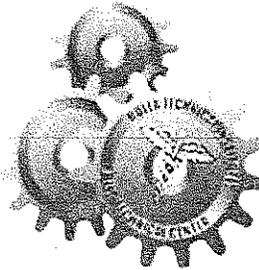


**Rolla Technical Institute**  
 1304 East 10th Street  
 Rolla, MO 65401  
 (573) 458-0150  
 FAX: (573) 458-0155



**Rolla Technical Center**  
 500 Forum Drive  
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**AUTHORIZATION FOR FAMILY CARE SAFETY REGISTRY  
 BACKGROUND VERIFICATION**

Upon completion of the online registration with the Family Care Safety Registry at <http://health.mo.gov/safety/fcsr/>, I authorize **ROLLA TECHNICAL INSTITUTE/CENTER** to verify my background information on the Family Care Safety Registry website.

If I am selected into the program for which I am applying, this authorization will be valid for the length of the program at RTI/RTC.

I understand that my social security number will only be utilized to verify the background information on the Family Care Safety Registry.

I hereby release **ROLLA TECHNICAL INSTITUTE/CENTER** from any claims, damages or liabilities of any kind that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me, as a result of this background check.

I have read the above, understand its contents, and voluntarily agree to its terms.

Other first and/or last name(s) that the registry may be listed under \_\_\_\_\_

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

\_\_\_\_\_  
 (Printed Name) First Middle Last Social Security Number Birthdate  
 (Month/Day/YYYY)

\_\_\_\_\_  
 Primary Program Applying For Secondary Program Applying For

The collection and reporting of race/ethnicity and gender data on students and completers are mandatory for all institutions which receive, are applicants for, or expect to be applicants for Federal financial assistance as defined in the Department of Education (ED) regulations implementing Title VI of the Civil Rights Act of 1964 (34 CFR 100), or defined in any ED regulation implementing Title IX of the Education Amendments of 1972 (34 CFR 106). The collection of race/ethnicity and gender data in vocational programs is mandated by Section 421(a)(1) of the Carl D. Perkins Vocational Education Act.

**Select one:**  Male  Female      **Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino

**Race:**  American Indian or Alaska Native  Asian  Black or African American  White  
 Native Hawaiian or Other Pacific Islander  Two or more races  Nonresident alien

**Please complete form and turn in with application. Thank you.**