

## VISITOR VERIFICATION FORM

This form is to verify visitors who do not have ID or are providing a different form other than government issued ID or License.

**PERSONAL IDENTIFICATION INFORMATION**

First Name	Middle Name	Last Name	Birthdate (Month, Day, and Year)
Visiting (Name)		Reason	

**Are you the legal guardian of a student in the building?**

*Circle one*

**Yes** (student) \_\_\_\_\_

**No**

**Please check one of the following identification verifications you can provide:**

- Passport
- Official ID from another country (e.g., driver's license, voter's ID or Visa )
- Transcript
- Other \_\_\_\_\_

**RELEASE OF INFORMATION AGREEMENT**

Davenport Community Schools makes every reasonable effort to provide a safe learning environment for students working with volunteers. Therefore, DCS requires the following information:

**Yes    No**

Have you ever been convicted, or had an administrative finding, of violating any law involving abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to a minor?  
Are you on the Sex Offender Registry?

I hereby certify that the above information, to the best of my knowledge, is true, accurate and complete. Any misrepresentations or willful omissions of fact shall be considered sufficient cause for disqualification of this Visitor application.

I understand that the approval is conditioned and may be removed at any time. I understand that this application is not a contract.

\_\_\_\_\_  
*Signature of Visitor* *Date*

Based on the above information, Davenport Community Schools is issuing an approved Visitor card system.

\_\_\_\_\_  
*Print Name - District Employee Reviewing Documentation* *Date*