

Valid for the following school years: 12/13, 13/14, 14/15

AUTHORIZATION OF RELEASE OF CRIMINAL BACKGROUND INFORMATION

- Mentor/Volunteer/Chaperone Consent Form -

Requesting School: _____

Contact: _____

To the Sheriff's Department of Henry County:

I hereby authorize any clerk, officer, judge, custodian, or other person to give to the Henry County Schools, 33 North Zack Hinton Parkway, McDonough, Georgia, 30253, any and all information in their possession regarding my motor vehicle record, and any criminal history or record pertaining to me, which may be on file with any criminal justice agency, court, or the GCIC/NCIC, or other information requested upon presentation of this authorization or any reproduced copy thereof. (O.C.G.A. 35-3-35/35-3-6.)

I further give my continuing consent, if employed by Henry County Schools, for officials of Henry County Schools to access such information throughout the course of my employment at intervals, should the Henry County Schools deem further background checks appropriate.

Print Full Name

_____-_____-_____
Social Security Number (Full Number)

Street Address

City

State

Zip Code

Sex

Race

Date of Birth

Driver's License Number/State

Signature

Date

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public

Received in HR: _____

School contacted: _____