

AUTHORIZATION OF RELEASE OF CRIMINAL BACKGROUND INFORMATION

- Applicant's Consent Form -

Purpose for Background: _____

University Affiliated with: _____

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/NC/C, or other information requested upon presentation of this authorization or any reproduced copy thereof (O.C.G.A. § 35-3-35/35-3-36)

I further give my continuing consent, if employed by the Henry County Board, for officials of the 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

Street Address

City

State

Zip Code

Sex

Race

Date of Birth

Driver's License Number

Signature

Date

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

NOTARY PUBLIC

Date Sent: _____ By: _____