

**SOCIAL CIRCLE CITY SCHOOLS
CONSENT FORM
GA930940Z**

I hereby authorize Debra Didier and Kari Willis with Social Circle City Schools to receive any criminal history record information pertaining to me, which may be in the files of any local or federal criminal justice agency.

I agree to pay the fee associated with obtaining my criminal history from any local or federal agency.

Public School Employment: \$44.00

Non-Paid Volunteer: \$44.00

Print Full Name

Street Address

City

State

Zip

Sex

Race

Date of Birth

Social Security No.

Height

Weight

Hair Color

Eye Color

Place of Birth (State)

Phone number

Signature

Date

I acknowledge, that I was provided, written notice (Privacy Rights and Privacy Act Statement) that my fingerprints will be used to check criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI.

Signature

Date