CALHOUN CITY SCHOOLS
a tradition of excellence

Please Check One:		
Employee	____	School _____
Substitute	____	*If appropriate,*
Volunteer	____	Teacher _____

CRIMINAL BACKGROUND CHECK CONSENT FORM

I hereby authorize the Calhoun City School System and the Calhoun Police Department to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

FULL NAME: (PRINT) _____ _____ _____ _____
LAST FIRST M.I. MAIDEN

SOCIAL SECURITY # _____ **DATE OF BIRTH**_____ **SEX** _____

ETHNIC/RACE ORIGIN: (Please answer both parts)

PART 1: (ETHNICITY – Choose only one)

_____ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

_____ No, Not Hispanic/Latino

PART 2: (RACE(s) -Check all that apply)

_____ American Indian or Alaskan Native: (A person having origins in any of the original peoples of North & South America (including Central America), who maintains a tribal affiliation or community attachment.)

_____ Asian: (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, & Vietnam.)

_____ Black or African American: (A person having origins in any of the original peoples of the Black racial groups of Africa.)

_____ Native Hawaiian or Other Pacific Islander: (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

_____ White: (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

SIGNATURE _____ **DATE** _____

NOTARY SIGNATURE _____
(NOTARY PLEASE USE SEAL)