

Stephens County Schools
191 Big A School Road
Toccoa, GA 30577

GCIC Consent Form

I hereby authorize Stephens County School System to receive any Georgia 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)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

_____ Employment with mentally disabled (Purpose code 'M')

_____ Employment with elder care (Purpose code 'N')

_____ Employment with children (Purpose code 'W')

One of the following must be checked:

_____ This authorization is valid for 90 days/ 180 days (circle one) from the date of signature.

OR

_____ I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this school system.