

**Cherokee County School District
111 Academy Street P.O. Box 769
Canton, Georgia 30169**

RELEASE AUTHORIZATION – Consent to Criminal History Record Inquiry

I hereby authorize the Cherokee County School Police Department or the Cherokee County School Personnel Department to receive any criminal or driver's history information pertaining to me, which may be in the files of any local, state, or federal agency.

I also request and authorize a review and full disclosure of all records concerning me to any authorized agent of the Cherokee County School Police Department, whether the records are public, private or confidential.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; internal investigations and disciplinary records; and employment and pre-employment records. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, whole or in part, will be considered in determining the suitability for employment by the Cherokee County School District.

A photocopy or facsimile of this release authorization will be as valid as the original, even though the photocopy does not contain my original signature.

I hereby release any and all individuals, organizations, previous employers, reporting agencies, and others stated above, from any liability or damage, which may result from providing the requested information.

Signature of Applicant

Date

This consent expires 18 months from the date above. After this period, no criminal history record inquiry shall be obtained from GCIC without submission of a new current consent form.



I further authorize the Cherokee County School Police Department to periodically run additional criminal history record inquiries without seeking additional consent.

Signature of Applicant

Date

Cherokee County School District Criminal History Record Inquiry

Date ____/____/____

PLEASE PRINT

COMPLETE ALL INFORMATION

_____,
LAST NAME

FIRST NAME

MIDDLE NAME

Position(s) Applied For _____

NAMES YOU HAVE EVER USED - List all nicknames, maiden names, previous marriages, and/or aliases, etc.

DATE OF BIRTH ____/____/____ **SOCIAL SECURITY #** _____ - _____ - _____

Sex ____ Race ____ Height ____ Weight ____ Eye Color ____ Hair Color ____

Current Address _____

Home Telephone _____ Work/Cell Phone _____

Driver's License # _____ State ____ Class ____ Exp Date _____

List all states and countries where you have ever had a driver's license:

List all states and countries where you have ever lived:

Police Use Only - Do not write in this box