



CONSENT FOR FINGERPRINT CHECK

Please print in black or blue ink

_____ First	_____ Middle	_____ Last	_____ Maiden (if applicable)	
_____ Street Address		_____ City	_____ State	_____ Zip Code
_____ Sex	_____ Race	_____ Date of Birth	_____ Social Security Number	
_____ Height	_____ Weight	_____ Hair Color	_____ Eye Color	
_____ Place of Birth (State)		_____ Phone Number	_____ Email Address	

I hereby authorize an officially designated employee with Social Circle City Schools to receive any criminal history record information about me, which may be in the files of any local or federal criminal justice agency.

I agree to pay the \$44.00 associated fee for obtaining my criminal history from any local or federal agency.

Signature _____
Date

Applicant Privacy Rights Notification Signature

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the FBI website.

Signature _____
Date