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 for 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*