



Authorization and Consent for Criminal Records Check and Release of Criminal Background Information

I affirm the truth and accuracy of the following facts, and further acknowledge that Henry County Schools (HCS), a political subdivision of the State of Georgia, by and through the Henry County Board of Education, located at 33 N. Zack Hinton Parkway, McDonough, GA 30253 (collectively "Henry County Schools") with its officers, employees, and agents, is relying on the truthfulness and accuracy of the information provided below in its performance of the criminal record check of me, as the undersigned. By completing and signing this form, I consent to and understand the following:

Henry County Schools is required, pursuant to O.C.G.A. § 20-2-211.1 and O.C.G.A. § 49-5-156, to ensure criminal records checks on employed persons and other applicants. I hereby authorize the Henry County Police Department or any clerk, officer, judge, custodian of the record to provide to Henry County Schools, any and all information in their possession regarding any criminal history or record pertaining to me which may be on file with any criminal justice agency, court or the Georgia Crime Information Center ("GCIC" or "GBI"), the Federal Bureau of Investigation ("FBI"), National Instant Criminal Background Check System ("NCIC") or other information requested upon presentation of this authorization or any reproduced copy thereof. Henry County Schools is required to and will disclose results of this criminal records check if adverse action is taken affecting my status based on this information. I further give continuing consent, if employed by Henry County Schools, for officials of Henry County Schools to access such information throughout the course of my employment at intervals, should Henry County Schools deem background checks appropriate. Criminal history information is treated in a manner consistent with protecting privacy. My signature below indicates that I have received a copy of and understand my rights as provided by the Non-Criminal Justice Applicant's Privacy Rights and the Privacy Act Statement. *Notice:* Intentionally providing false or misleading information or the withholding of material facts, will constitute grounds for immediate termination and/or disqualification from volunteer or employment opportunities with Henry County Schools.

Return completed form and a copy of your state-issued driver's license or state-issued ID to: Phyllis.Garden@henry.k12.ga.us

Please choose one regarding your status:

Not Currently Employed: ☐ School-based Volunteer/Chaperone Applicant ☐ Community-based Mentor Applicant ☐ Contracted Employee

Current HCS Employee: ☐ 5 Year Rotation ☐ Position Change

Name of School/Department: _____ Name of Contracting Agency: _____

Email address: _____ Phone number: _____

Name (Last, First, Middle, Maiden)

SSN _____

Place of Birth (City, State) _____

Street Address

Country of Citizenship

Date of Birth, Gender, Height, Weight, Eye Color, (Full Word) & Hair Color (Full Word)

Driver's License Number/State of Issue: _____/_____

Ethnicity Part A (Choose Only One)	Are you Hispanic/Latino? ☐ No, Not Hispanic/Latino ☐ Yes, Hispanic/Latino
Ethnicity Part B (Choose One or More)	What is your race? ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander

Signature, Date

Sworn and subscribed before me this

_____ day of _____, _____ Notary Public