White County School System
136 Warriors Path
Cleveland, GA 30528
Phone: (706) 865-2315

White County Board of Education - Background Check Consent Form

FULL NAME (Print): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NUMBER: _____ SS#: _____

DATE OF BIRTH: _____ SEX: _____

RACE (circle all that apply): American Indian / Asian / Black or African American / White /

SIGNATURE: _____ DATE: _____

(Typing your full name constitues your signature.)

I hereby give consent to White County School System to conduct an inquiry and receive criminal history records, including the submission of my fingerprints to the Georgia Bureau of Investigation and the Federal Bureau of Investigation for reports on my criminal history. I agree to release the White County Schools, its employees, representatives, and agents from any and all liability claims or damages for the obtaining and use of information obtained from these sources or developed as a result of contacting these sources. By signing this I am also acknowledging I have received and read the Non-Criminal Justice Applicant's Privacy Rights and Privacy Act Statement.

Reason for Fingerprinting

White County New Hire (List Position): _____

OR

Substitute: _____ ESS Substitute _____ Other: _____

OR

Non-Employee: _____ Mentor _____ Other: _____

_____ Volunteer - Explain: _____