

Student's Name _____ Grade _____ School Year _____



HOUSTON COUNTY SCHOOL SYSTEM

Consent Form

WARNER ROBINS MIDDLE SCHOOL

I hereby authorize the Houston County School System to receive any criminal and/or driver's history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

Volunteer's Name _____
Last First Middle (Maiden)

Home Phone # _____ Cell #: _____

Address _____
Street City State ZIP

Sex _____ Race _____ Date of Birth _____ Social Security Number _____

Driver's License Number/State ID Number _____

All volunteers with the Houston County School System are considered child service organization personnel and have an obligation to report suspected child abuse to a school administrator.

Signature of applicant

Notary Public Signature Date

(DO NOT WRITE BELOW THIS LINE)

**Perry Police Department
Perry, Georgia**

I certify that I have conducted a search through the GCIC System on the person named above and the results were that, as of this date, this individual has no record on file.

Record on the above named person is attached.
Name _____

Date _____