

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School Year: 2020-2021

**HOUSTON COUNTY SCHOOL SYSTEM**  
**Consent Form**

\_\_\_\_\_ **SCHOOL (s)**

I hereby give consent for the **Houston County Board of Education** to conduct an inquiry and receive any criminal and/or driver's history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

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 \_\_\_\_\_ Date \_\_\_\_\_

Notary \_\_\_\_\_ Date: \_\_\_\_\_ Seal/Stamp: \_\_\_\_\_

**The inquiry resulted in the following: (check all that apply)**

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released.

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	_____
Agency Telephone:	_____

Agency Designee Signature and Title \_\_\_\_\_ Date \_\_\_\_\_