

Student's Name _____ Grade _____ School Year: 2019-2020

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)

☐	No Georgia CHRI results available.
☐	Georgia CHRI attached/released.

☐	No NCIC/GCIC Warrant results available.
☐	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

Agency Designee Signature and Title _____ **Date** _____