

Amite County Board of Education
533 Maggie Street
P.O. Box 378
Liberty, Mississippi 39645
Telephone: (601) 657-4361
Fax: (601) 657-4291

To: Mississippi Department of Human Services
Child Abuse Central Registry
Division of Family and Children's Services
P.O. Box 352
Jackson, Ms. 39205

From: Mr. David Dixon, III/Director of Transportation
Amite County School District
533 Maggie Street, P.O. Box 378
Liberty, Ms. 39645

Printed Applicant's Full Name (list maiden name & list any aliases)

Social Security Number _____ Date of Birth: _____
(Requesting Agency must verify by viewing the applicant's Drivers License and Social Security card)

Physical Address: _____

By signing this form, I give the above named agency permission to request an MDHS Child Abuse and Neglect Central Registry background check. I understand that this information will be used for employment purposes and will not be re-disseminated to other persons or used for other purpose.

_____ Date: _____
Applicant's Signature

I have witnessed the applicant's signature and the information is true and attested by my viewing of the applicant's Social Security card and Driver's License. I understand that this information must be kept confidential with my agency.

Signature of Witness: _____ Date: _____
(Witness must be representative of the requesting agency)

This section to be completed by MDHS Office

_____ No identifying information was found in the Central Registry
_____ The following information was found in the Central Registry

_____ Date: _____
Signature of MDHS Representative

