**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**