



P O Drawer N, Griffin, GA 30224 • 770-229-3700 • (fax)770-229-3772

## Authorization of Release of Criminal Information

Volunteer Applicant \_\_\_\_ Employment Applicant \_\_\_\_ Employee \_\_\_\_ Mentor Applicant \_\_\_\_

School or Department: \_\_\_\_\_

**Notice:** Intentionally providing false or misleading information or the withholding of material facts, including facts concerning one's criminal record, will constitute grounds for immediate termination and or disqualification from employment opportunities with GSCS.

### **Please Read Carefully:**

Have you ever, pled guilty, been found guilty, entered a plea of Nolo Contendere, been granted First Offender status without adjudication of guilt or been placed under a court order whereby an adjudication or sentence was otherwise withheld for any *felony or misdemeanor* offense involving moral turpitude (anything contrary to justice, honesty, modesty, or good morals or man's duty to man) or is any such charge currently pending a disposition? ***This question does exclude minor traffic offenses and DUI's.***

Yes \_\_\_\_ (attach a detailed explanation)

No \_\_\_\_

To Whom It May Concern:

I hereby authorize any clerk, officer, judge, custodian of the record or other person to provide to the Griffin-Spalding County School System, 223 South 6<sup>th</sup> Street, Griffin, GA 30224, any and all information in their possession regarding any criminal history or record pertaining to me which may be on file with any criminal justice agency, court or the GCIC/NCIC or other information requested upon presentation of this authorization or any reproduced copy thereof.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Print Full Name: \_\_\_\_\_

Name at Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone or Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**For School Use Only:** References checked and \$10.00 paid? (initial) Yes \_\_\_\_ ( ) No \_\_\_\_ ( )

*This institution is an equal opportunity provider.*