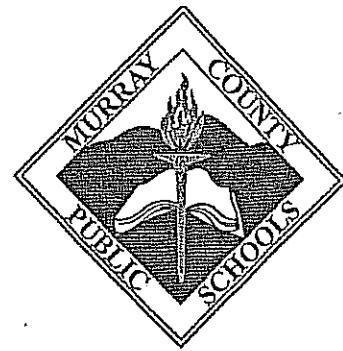


Dr. Vickie Reed
Superintendent

Danny Dunn
Personnel Director

Murray County Schools
P. O. Box 40
Chatsworth, GA 30705



**AUTHORIZATION TO RELEASE CRIMINAL INFORMATION FORM
FOR PARENT CHAPERONES AND OTHER VOLUNTEERS**

1. I hereby authorize any law enforcement agency to give to the representative of the Murray County Board of Education any and all information in their possession regarding any criminal history or record or other information pertaining to me, which may be on file with any criminal justice agency. I also agree to be fingerprinted by the appropriate officials if asked.
2. I also consent to the release of such information to the Murray County Board of Education now and at any time during my association and hereby release, discharge, and waive any and all claims, which may arise from the release of accurate information.
3. This release is executed with full knowledge and understanding that the information is for the official use of the Murray County Board of Education, its agents and assigns, only.
4. I am furnishing my social security number and other personal data on a voluntary basis with the understanding that it will be utilized to facilitate the location of any criminal information concerning me.
5. I understand that I may be disqualified from approval as a chaperone or volunteer as a result of information received regarding my criminal history.
6. I understand that any information received regarding my criminal history will be kept confidential, and shared only with those who have a need to know.
7. The criteria for determining that an individual is disqualified from acting as a chaperone/volunteer is a conviction for:
 - Any violent felony within the last 15 years
 - Any drug felony within the last 5 years
 - Any violent offense toward a minor at any time
 - Any offense of a sexual nature at any time
 - Any other offense that may give reasonable justification
 - Note that "conviction" refers to any finding or other than *Nolo Prossed*, *Dismissed*, or *Not Guilty*.

NAME: (Printed)

Last, First, Middle

Address/Street

City, State, Zip Code

Sex Race Date of Birth Social Security #

Height Weight Eye Color Hair Color State of Birth

My signature affirms that I have read and understand the information above and that any and all information provided by me is accurate to the best of my knowledge.

Signature

Date