



CONSENT FORM (School) \_\_\_\_\_

The Habersham County Board of Education, in compliance with Board Policy, requires all applicants and volunteers to consent to a local, criminal background check. The information obtained from the criminal background check may result in adverse employment decisions and actions.

I agree and consent for such background check and investigation to be conducted and agree to hold the school system and all officials, representatives, and employees of the foregoing harmless from all claims for libel, slander, defamation of character, invasion of privacy, intentional infliction of emotional distress, negligence, and similar claims.

I understand that upon recommendation for employment, I am required to be fingerprinted, with a renewal fingerprint check every 5 years, for the duration of my employment. I also understand that if my fingerprint check reveals an offense that was not revealed on my local background check I will be subjected to termination.

Full Name (Please Print) \_\_\_\_\_  
First Middle Last

Physical Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

\_\_\_\_\_  
Signature (Must be witnessed by Notary of the Public)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary of the Public

<input type="checkbox"/> No Record <input type="checkbox"/> Record Attached  _____ Official Signature Habersham Co Sheriff's Dept  _____ Date
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