

# Cherokee County School District Criminal History Record Inquiry

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE PRINT

COMPLETE ALL INFORMATION

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

Position(s) Applied For \_\_\_\_\_

NAMES YOU HAVE EVER USED - List all nicknames, maiden names, previous marriages, and/or aliases, etc.

\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_-\_\_\_\_-\_\_\_\_

Sex \_\_\_\_ Race \_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_ Eye Color \_\_\_\_ Hair Color \_\_\_\_

Current Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_ Class \_\_\_\_ Exp Date \_\_\_\_\_

List all states and countries where you have ever had a driver's license:

\_\_\_\_\_  
\_\_\_\_\_

List all states and countries where you have ever lived:

\_\_\_\_\_  
\_\_\_\_\_

Police Use Only - Do not write in this box

**Cherokee County School District  
111 Academy Street P.O. Box 769  
Canton, Georgia 30169**

RELEASE AUTHORIZATION – Consent to Criminal History Record Inquiry

I hereby authorize the Cherokee County School Police Department or the Cherokee County School Personnel Department to receive any criminal or driver's history information pertaining to me, which may be in the files of any local, state, or federal agency.

I also request and authorize a review and full disclosure of all records concerning me to any authorized agent of the Cherokee County School Police Department, whether the records are public, private or confidential.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; internal investigations and disciplinary records; and employment and pre-employment records. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, whole or in part, will be considered in determining the suitability for employment by the Cherokee County School District.

A photocopy or facsimile of this release authorization will be as valid as the original, even though the photocopy does not contain my original signature.

I hereby release any and all individuals, organizations, previous employers, reporting agencies, and others stated above, from any liability or damage, which may result from providing the requested information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**This consent expires 18 months from the date above. After this period, no criminal history record inquiry shall be obtained from GCIC without submission of a new current consent form.**

\*\*\*\*\*

I further authorize the Cherokee County School Police Department to periodically run additional criminal history record inquiries without seeking additional consent.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date