



Fingerprinting/Background Check Consent Form

Consent Guidelines

I hereby authorize the Cobb County School District to receive any criminal and/or driver's history record information pertaining to me, which may be in the files of any state or local criminal justice agency. I further give consent to the district to have my fingerprints taken as part of the employment process and to perform periodic criminal history background checks for the duration of my employment with the district. Fingerprinting for employment as required by O.C.G.A. § 20-2-211.1 is requested by the Deputy Superintendent and will be administered by the Cobb County School District's Human Resources Department.

I understand that neither the GCIC, its employees, nor any other agency or employees of the State of Georgia shall be responsible for the accuracy of information nor have any liability for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this record check, and shall be immune from suit based upon any such claims.

By signing this form, I am attesting that I have disclosed any and all previous Criminal and/or Driver's history information requested on the application; and that failure to accurately disclose criminal history information and/or any misstatement or omission of any information requested shall be a reason for non-employment or dismissal from employment.

I also acknowledge that by signing this form I have received the Applicant's Privacy Rights and Privacy Act Statement and I am authorizing the deduction of a non-refundable, one-time fee of \$45.00 from my paycheck for fingerprint processing.

For individuals required to have fingerprinting offsite, including Substitute Teachers, payment will be made directly to the fingerprint location. Note: Offsite fingerprint charges may vary. If fingerprints are not processed, there will be no incurred costs.

Personal Information (All fields required – PLEASE TYPE OR PRINT)

Work or Volunteer Location: Lassiter Band Booster Association **Position:** Band Parent/Booster Volunteer

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code Phone Number: () -

Eye Color: _____ **Sex:** Female Male

Hair Color: _____ **Race:** _____

Height: _____ **Date of Birth:** ____/____/____

Weight: _____ **Place of Birth:** _____

Driver's License # : _____ **Social Security # :** ____ - ____ - ____

Signature: _____ **Date:** _____

For office use only

Agency: Cobb County School District Police Department **Date:** _____

Signature: Chief, Cobb County School District Police Department **Signature:** Terminal Operator

Fingerprint Date: _____ **Run Terminal Results:** _____

Date Logged: _____

Payroll Deduction: **Date Cleared:** _____

Agency: Cobb County School District-Human Resources _____
Authorized Administrator or CCSD HR Representative