



## Volunteer Criminal Background Check Consent Form

Fulton County Schools Safety & Security Department: (470)254-7159

I hereby authorize the Fulton County School District to receive/access any criminal history record information pertaining to me, which may be in the files of any state, local or federal criminal justice agency.

I understand that by signing this form, I further give consent to the District to have my criminal history checked as a part of the volunteer application process and understand that eligibility decisions may be based upon information Fulton County Schools obtains through criminal records check.

_____			
FULL LEGAL NAME			
_____	_____	_____	_____
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	RACE
_____		_____	
SIGNATURE		DATE	

**FULTON COUNTY SCHOOLS SAFETY & SECURITY DEPARTMENT**  
THIS IS TO CONFIRM THAT THE FOLLOWING PROCEDURE WAS COMPLETED ON  
THE ABOVE NAMED INDIVIDUAL AS PART OF THE VOLUNTEER PROCESS.

FCS Representative _____ Date _____
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