

# INSTRUCTIONS FOR OBTAINING A CRIMINAL HISTORY RECORD

## Please read carefully:

All Forsyth County School System applicants are required to complete this form as well as the following Forsyth County Sheriff's Office Background Check Consent Form. This information must be provided so the Forsyth County Sheriff's Office may obtain any information related to applicants that might be found in criminal history databases. This request is in accordance to state law and is a routine part of the application process that is performed to help ensure the safety and security of students and district resources. Any applicant who is not eligible for employment because of information gained through this process will be notified by the Forsyth County Board of Education Human Resources Department.

## By completing and signing the Forsyth County Sheriff's Office Background Check Consent Form you authorize and give consent as stated below:

I hereby authorize the Forsyth County Sheriff's Office and the Forsyth County Board of Education to receive any Criminal History Record information which may pertain to myself that may be found in any state or local criminal justice agency of Georgia.

\_\_\_\_\_ *applicant's name*

\_\_\_\_\_ *date*

In order to reduce errors, print any required information on this page and on the following Forsyth County Sheriff's Office Background Check Consent Form. Print clearly in black ink, blue ink or type – no pencil.

Position(s) applied for: \_\_\_\_\_

## **PLEASE INCLUDE A CLEAR, IDENTIFIABLE COPY OF YOUR VALID DRIVER'S LICENSE WITH THESE FORMS**

### **CHECKLIST: Before mailing or hand delivering – Have you...**

- listed the position(s) that you are applying for in the above space?
- completed the Forsyth County Sheriff's Office Background Check Consent Form?
- had your signature notarized by a Notary Public? (You must sign and date your Background Check Consent Form in the presence of a Notary Public)
- included a clear, identifiable copy of your valid driver's license?

**Mail or hand deliver these forms with a copy of your clear, identifiable driver's license (total 3 pages) to:**

The Forsyth County Board of Education  
Human Resources Department  
1120 Dahlonega Highway  
Cumming, Georgia 30040

**Copies sent by fax will not be accepted. Call the FCS Human Resources Department at 770-887-2461 with questions.**



# FORSYTH COUNTY SHERIFF'S OFFICE

## BACKGROUND CHECK CONSENT FORM

I hereby request the Forsyth County Sheriff's Office to receive any Criminal History Record information which may pertain to myself (or the person named below), and may be found in any state or local criminal justice agency in Georgia.

Records obtained from Forsyth County Sheriff's Office may only be used by the requesting agency or entity solely for the purposes requested. If any information is used to deny employment or license, it shall not reflect on the liability of this office but on the agency or entity who makes that decision and to allow the person/applicant a chance to dispute any information which may be in error. Any dissemination of this information must be with the permission of the person/applicant. Forsyth County shall not be held responsible for information obtained by another agency, State or Federal, which provides such information and whose files reflect records which may contain errors or omissions. **TO REDUCE ERRORS, FULL AND COMPLETE INFORMATION REQUIRED.** This request is in accordance to state law as it applies to:

Today's Date: \_\_\_\_\_ **PRINT**

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ SSN: \_\_\_\_\_ DL#: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wght: \_\_\_\_\_

Hair: \_\_\_\_\_ Eye: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

	Print Name
Signature of Applicant	Signature of requesting person (if not applicant)

\_\_\_\_\_  
Notary