

AUTHORIZATION OF RELEASE OF CRIMINAL BACKGROUND INFORMATION

Application Consent Form

Position Applied for: _____

To the Henry County Sheriff's Department:

I hereby authorize any clerk, officer, judge, custodian or other person to give **Strong Rock Christian School**, 4200 Strong Rock Parkway, Locust Grove, GA 30248, any and all information in their possession regarding my criminal history or record pertaining to me which may be on file with any criminal justice agency, court, or the GCIC/NC C, or other information requested upon presentation of this authorization or any reproduced copy thereof.

I further give my continuing consent, if employed by **Strong Rock Christian School**, for officials of **Strong Rock Christian School** to access further background checks when necessary through the course of my employment.

Print Full Name

Social Security Number

Street Address

City

State

Zip Code

How long have you lived in Georgia? _____

Sex

Race

Date of Birth

Driver's License Number

Signature

Date

Sworn to and subscribed before me this ____ day of _____, 20 ____.

Notary Public

Office Use Only

Date Sent: _____

Sent By: _____