

Student's Name _____ Grade _____ School Year _____

HOUSTON COUNTY SCHOOL SYSTEM

Consent Form

LINWOOD ELEMENTARY SCHOOL

I hereby authorize the Houston County School System 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 in Georgia.

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

Volunteer's Name _____
Last First Middle (Maiden)

Home Phone # _____ Cell #: _____

Address _____
Street City State ZIP

Sex _____ Race _____ Date of Birth _____ Social Security Number _____

Drivers License Number/State ID Number _____ Signature _____

Notary Public Signature _____ Date _____

(DO NOT WRITE BELOW THIS LINE)

+++++

**Perry Police Department
Perry, Georgia**

_____ I certify that I have conducted a search through the GCIC System on the person named above and the results were that, as of this date, this individual has no record on file.

_____ Record on the above named person is attached.

Name _____

Date _____