

GRIFFIN-SPALDING COUNTY SCHOOL SYSTEM
P.O.DRAWER N
GRIFFIN, GA 30224

PHONE: 770 229-3700

FAX: 770 229-3772

AUTHORIZATION OF RELEASE OF CRIMINAL INFORMATION

****VOLUNTEER**

HAVE YOU PLED GUILTY, BEEN FOUND GUILTY, ENTERED A PLEA OF NOLO
CONTENDERE, BEEN GRANTED FIRST OFFENDER TREATMENT WITHOUT
ADJUDICATION OF GUILT, OR BEEN PLACED UNDER A COURT ORDER WHEREBY AN
ADJUDICATION OR SENTENCE WAS OTHERWISE WITHHELD FOR ANY FELONY OR FOR
ANY MISDEMEANOR OFFENSE INVOLVING MORAL TURPITUDE (EXCLUDING MINOR
TRAFFIC OFFENSES AND DUIS), OR IS ANY SUCH CHARGE CURRENTLY PENDING
AGAINST YOU? YES _____

IF YES, ATTACH A DETAILED EXPLANATION

NO _____

NOTICE: Furnishing of false or misleading information or the intentional withholding of material facts, including facts concerning one's criminal record, will constitute ground for immediate termination and/or disqualification from employment.

To Whom It May Concern:

I hereby authorize any clerk, officer, judge, custodian or other person to give to the Griffin-Spalding County School System, 223 South Sixth Street, Griffin, GA 30224, any and all information in their possession regarding any criminal history or record pertaining to me which may be on file with any criminal justice agency, court or the GCIC/NCIC, or other information requested upon presentation of this authorization or any reproduced copy thereof.

This _____ day of _____, 20_____.

Print Full Name

Street Address

City

State

Zip Code

Sex

Race

Date of Birth

Social Security Number

Signature

Driver's License Number