

# AUTHORIZATION OF RELEASE OF CRIMINAL INFORMATION

NAME (LAST, FIRST)

Position Applied For: \_\_\_\_\_

To Whom It May Concern:

This will authorize any clerk, officer, judge, custodian or other person to give to ROCKDALE COUNTY PUBLIC SCHOOLS, 954 N. Main Street, Conyers, Georgia, 30012, 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.

	YES	NO
1. Have you ever been convicted by any federal, state, or foreign authority for any offense?	_____	_____
2. Have you ever been convicted of a misdemeanor or entered a plea of Nolo Contendere to a misdemeanor charge or obtained first offender status?	_____	_____
3. Have you ever been convicted of a felony or entered a plea of Nolo Contendere to a felony charge?	_____	_____
4. Have you ever been convicted of driving under the influence of alcohol or drugs (DUI)?	_____	_____
5. Are any charges now pending against you by any federal, state, local or foreign authority(ies)?	_____	_____
6. Have you ever been dismissed for committing an illegal, immoral, or inappropriate act involving a minor?	_____	_____

**Number 7 through 11 to be completed by Transportation and Buildings and Grounds Applicants**

7. Have you ever been denied a driver's license or permit?	_____	_____
8. Has your driver's license or permit ever been revoked or suspended?	_____	_____
9. Have you ever been convicted of a moving traffic violation?	_____	_____
10. Do you now have or have you ever had restrictions placed on your drivers license or permit?	_____	_____
11. Have you ever lost your job because of your driving record?	_____	_____

**I understand a \$45.00 processing fee for fingerprinting will be deducted from my first paycheck (substitutes must pay this fee in advance). The \$45.00 processing fee is non-refundable.**

**BY SIGNING BELOW I ATTEST THAT THE ABOVE IS TRUE AND ACCURATE. FALSIFICATION OF THIS INFORMATION MAY RESULT IN TERMINATION.**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Signature Date

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

# ROCKDALE COUNTY PUBLIC SCHOOLS ACKNOWLEDGEMENT, WAIVER, AND AUTHORIZATION

By the undersigned applicant's signature below, the applicant affirms the truth and accuracy of the following facts, and further acknowledges that Rockdale County Public Schools, it's officers, employees, and agents, is relying on the truthfulness and accuracy of the information provided below in its' performance of the fingerprinting and the criminal record check of the undersigned applicant:

1. The undersigned applicant has applied for employment with the Rockdale County Board of Education.
2. The position applied for is a position as a teacher, a principal, or some other position that requires the State of Georgia to certify the undersigned applicant in order for the undersigned applicant to be qualified to work in the said position.
3. The undersigned applicant understands that, pursuant to O.C.G.A. § 20-2-211, the Rockdale County Board of Education is required to have the applicant fingerprinted and to have a criminal record check performed regarding the applicant prior to employment.
4. The undersigned applicant further understands that Rockdale County Public Schools will fingerprint the applicant and submit the applicant's fingerprints to the Federal Bureau of Investigation for the purpose of conducting a criminal record check.
5. The undersigned applicant further understands that Rockdale County Public Schools will conduct a criminal record check of the undersigned applicant through the Georgia Criminal Information Center.
6. The undersigned applicant further understands that Rockdale County Public Schools is required to and will disclose the results of the criminal record checks on the undersigned applicant if adverse action is taken affecting employment of the applicant based on this information.
7. By the undersigned applicant's signature below, the applicant gives his or her consent for Rockdale County Public Schools to fingerprint the undersigned applicant and to conduct criminal record checks of the applicant through the Georgia Criminal Information Center and the National Criminal Information Center.
8. By the undersigned applicant's signature below, the applicant swears under the penalty of perjury that the information provided herein below regarding the undersigned applicant is true and correct to the best of the applicant's knowledge and belief.

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**Picture ID is required for fingerprinting.**

SOCIAL SECURITY NUMBER	PLACE OF BIRTH (CITY & STATE)

CITIZENSHIP	DATE OF BIRTH	SEX	RACE	HGT.	WGT.	EYES	HAIR

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature