



Donny Turner

Sheriff of Troup County

130 SAM WALKER DRIVE
LAGRANGE, GEORGIA 30240

OFFICE PHONE
706/883-1616

FAX
706/883-1694

ORI GA 1410000

Please return to : Jeanette Davis
TCSS - ASC

School Name: TEEN MAZE

Criminal History Consent Form Volunteer/Tutor

I hereby authorize Troup County Schools, 100 North Davis Rd. Bldg C, LaGrange, GA 30241 to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print) _____ HGT: _____ WGT: _____ Eyes: _____ Hair: _____

Address _____ City _____ State _____ Birthplace: _____ State _____

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

Signature _____ Date _____

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose Code 'W')
(Volunteer)

One of the following must be checked:

- This authorization is valid for 90 180 (circle one) days from date of signature.
- I, _____ give my consent to the above name to perform periodic criminal history background checks for the duration of my employment with this company.

By signing this consent form I agree to hold harmless Sheriff Donny Turner, all employees of Troup County Sheriff's Office, and Troup County Government from any civil liability of any kind or description. This information supplied due to this form is based on information received from GCIC/NCIC only.

For any questions, you may contact Susan Whitley at 706-883-1616 Ext. 252

Do not write below this line, for department use only:

- _____ No identifiable record in GCIC
- _____ See attached printout from electronic search
- _____ Positive identification can not be made of this subject without fingerprint comparison

Date _____ Signature of approving official _____