



# Fingerprinting/Background Check Consent Form

CCSD Fingerprinting/Background Office Phone: (678)581-6788 Fax: (770)429-5827

## Consent Guidelines

I hereby authorize the Cobb County School District 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. I further give consent to the District to have my fingerprints taken as part of the employment process and perform periodic criminal history background checks for the duration of my employment with the District. Fingerprinting for employment as required by O.C.G.A. § 20-2-211.1 is requested by the Deputy Superintendent and will be administered by the Cobb County School District in the Human Resources Department.

I understand that neither the GCIC, its employees, nor any other agency or employees of the State of Georgia shall be responsible for the accuracy of information nor have any liability for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this record check, and shall be immune from suit based upon any such claims.

I understand that by signing this form, I am attesting that I have disclosed any and all previous Criminal and/or Driver's history information requested on the application; and that failure to accurately disclose criminal history information and/or any misstatement or omission of any information requested shall be a reason for non-employment or dismissal from employment.

I authorize the deduction of a non-refundable, one-time fee of \$50.00 from my paycheck for fingerprint processing. Substitute Teachers and Community Coaches will pay a one-time fee of \$51.00 to COGENT SYSTEMS. (Payable in Money order or Cashier's check only) No fee required for: Mentors, Volunteers and Chaperones.

## Personal Information (All fields required – PLEASE TYPE OR PRINT)

**Work Location:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Full Name:**  
Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

**Address:**  
Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Eye Color:** \_\_\_\_\_ **Sex:**  Female  Male

**Hair Color:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Weight:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Driver's License # :** \_\_\_\_\_ **Social Security # :** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
*(Only for those operating CCSD vehicles or who will potentially transport students)*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## (For office use only)

**Agency:** Cobb County School District Police Department **Date:** \_\_\_\_\_

**Signature:** Chief, Cobb County School District Police Department **Signature:** Terminal Operator

**Fingerprint Date:** \_\_\_\_\_ **Warrant Check Results:** \_\_\_\_\_

**Date Logged:** \_\_\_\_\_ **Run Terminal Results:** \_\_\_\_\_

**Payroll Deduction:**  **Date Cleared:** \_\_\_\_\_

**Agency:** Cobb County School District-Human Resources \_\_\_\_\_  
Authorized Administrator or CCSD HR Representative