



COBB COUNTY

SCHOOL DISTRICT

CCSD Fingerprinting and Background Check Information

Local Check 2015-2016

If the instructor or volunteer is working with the band under the Director's direct supervision and will not be alone with the students, a local check is all that is necessary.

1. Fill out consent form.
2. Check the third box on the form and next to **Other**, write Band or Orchestra Instructor. Local Check.
3. Scan and email the form to Christy.black@cobbk12.org. Copy jean.barry@cobbk12.org.

Fingerprinting and Background Check

If the instructor (or volunteer) is a regular staff member that may have contact with students not under the direct supervision of the directors, then they should be fingerprinted.

1. Fill out consent form.
2. Check **Box 2**. Write Band or Orchestra Instructor at the end of line.
3. Write somewhere on the form: Send the results to: _(school, responsible person).
4. Scan and email the form to Christy.black@cobbk12.org. Copy jean.barry@cobbk12.org.
5. You will receive an email from Christy informing you that your potential instructor has been registered at Cogent. A link will be at the bottom of the email that will give you Cogent locations for fingerprinting.
6. Send your instructor with a \$51 cashier's check or money order to a Cogent location.
7. Christy will email results as they become available.
8. Until you hear that the instructor has been approved, they should not be left on their own with students.

Christy prefers to have things scanned and emailed, but if you do not have the capability, fax the Consent Form to the number listed on the form to Christy Black. Please also fax a copy of the form to Jean Barry at 770-429-5839.



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 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.

Select One

- ☐ CCSD Employee – I authorize the deduction of a non-refundable, one-time fee of \$50.00 from my paycheck for fingerprint processing fees.
- ☐ Substitute / Community Coach – I agree to pay a one-time fee of \$51.00 (payable in Money Order/Cashier's Check to **COGENT SYSTEMS**)
- ☐ Mentor / RFTS – 21ST Century Program Employees; Other: _____

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

Work Location: _____ Position: _____

Start Date: _____

Full Name: _____
Last First M.I.

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

Eye Color: _____ Race: _____

Hair Color: _____ Date of Birth: ____/____/____

Height: _____ Place of Birth: _____

Weight: _____ Social Security # : ____ - ____ - ____

Sex: _____

Driver's License # or State ID # : _____
(Driver license information is only applicable for those operating CCSD vehicles or who will potentially transport students)

Current Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

ORI: GA0331300 Agency: Cobb County School District Police Department

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

Fingerprint Date: _____ Warrant Check Results: _____

Re-Check Date: _____ Run Terminal Results: _____

Date Logged: _____ Date DQ'd: _____

Submitted for Payroll Deduction: ☐

Date Cleared: _____
Authorized Administrator or Authorized Representative