

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School Year: 2023-2024

**HOUSTON COUNTY SCHOOL DISTRICT**  
**Consent Form**

\_\_\_\_\_ **SCHOOL (s)**

I hereby give consent for the Houston County School District to conduct an inquiry and receive any criminal and/or driver's history record information pertaining to me, which may be contained in the files of any state or local criminal justice agency in Georgia.

Volunteer's Name \_\_\_\_\_  
Last First Middle (Maiden)

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Driver's License Number/State ID Number

***The volunteer understands that, by agreeing to volunteer, no employment relationship is established, and the volunteer is not and will not be considered an employee. The volunteer agrees to provide a service on a voluntary and gratuitous basis, and no other relationship between the volunteer and the school district is established. The volunteer will be ineligible for any benefit on the basis of an employment relationship, and no employment relationship exists. The volunteer waives any claim of an employment relationship, any benefit that would arise out of the same, and agrees not to contend that any such relationship is or has been established. All volunteers with the Houston County School District have an obligation to report suspected child abuse to a school administrator.***

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

**Notary \_\_\_\_\_ Date: \_\_\_\_\_ Seal/Stamp:**

**The inquiry resulted in the following: (check all that apply)**

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released.
<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	_____
Agency Telephone:	_____

\_\_\_\_\_  
Agency Designee Signature and Title Date