



NATIONAL BACKGROUND SCREENING CONSENT / RELEASE FORM

ORGANIZATION: **GMSAA** MEMBER SCHOOL NAME:

APPLICANT'S *LEGAL* NAME (printed):

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

APPLICANT'S ADDRESS:

CITY:

STATE: **GEORGIA**

ZIPCODE:

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records / information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with the authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

PRINT NAME:

SIGNATURE:

DATE:
