

Return form to Andrea Lott at Professional Development Center

179 W. Athens Street, Winder



REQUEST FOR CRIMINAL HISTORY
Barrow County Schools Mentoring Program

Complete the Areas Marked With a ✓

Please accept this as authorization for the Barrow County Board of Education and Jud Smith, Barrow County Sheriff, to perform a criminal background history for Mentoring with the Barrow County Board of Education.

NAME: ✓ _____
Name as shown on Social Security Card

DATE OF BIRTH: ✓ _____ SEX: ✓ _____ RACE: ✓ _____
Mo./Day/Year

SOCIAL SECURITY #: ✓ _____ D.L. #: (*) ✓ _____

HOME PHONE NUMBER: ✓ _____

OTHER NAMES USED (Maiden/ married/middle initial): ✓ _____

CURRENT ADDRESS: ✓ _____

SIGNATURE: ✓ _____ DATE: ✓ _____

INQUIRY RELEASED TO: BARROW COUNTY BOARD OF EDUCATION / EMPLOYMENT O.C.G.A. 20-2-211

Barrow County Schools' Designee:	
_____ Signature	_____ Date

Barrow County Sheriff's Department Designee:	
Georgia Criminal Record: Yes _____ No _____	
SID #: _____	
_____ Signature	_____ Date