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| <i>Descriptor Term:</i> AUTHORIZATION FOR CRIMINAL BACKGROUND CHECKS | Descriptor: GBAC-E | Issued: DRAFT |
| | Rescinds: Form GBAC 1.710 | Issued: 06/22/2010 |

Authorization for Criminal Background Checks Volunteers and Non-staff Chaperones

By signing this authorization, I give the agencies named below permission to request an MDHS Child Abuse/Neglect Central Registry and/or Criminal Background Check. I understand that the information will be used only for purposes of allowing me to volunteer and/or chaperone and will not be disseminated to any other persons or used for any other purpose.

Mississippi Department of Human Services
 Division of Family & Children Services
 Child Abuse Central Registry
 P.O. Box 352
 Jackson, MS 39205

Tupelo Public School District
 P.O. Box 557
 Tupelo, MS 38802

Volunteer Name: _____
 (include full name, aliases, nicknames, maiden name)

SSN: _____ Date of birth: _____

Address: _____

 Volunteer Signature Date

FOR OFFICE USE ONLY;
 I have witnessed the applicant's signature and the information is true and attested by my viewing the volunteer's driver's license or government issued picture identification. I understand that this information must be kept confidential.

 Witness Signature Date

To: Mississippi Department of Human Services Division of Family & Children Services

