Descriptor Term: 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

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.

Witnes	ss Signature	Date	
To:	Mississippi Department of Hum	an Services Division of Family	y & Children Services

Child Abuse Registry
P.O. Box 352
Jackson, MS 39205
From: Evon Huddleston
Tupelo Public School District
P.O. Box 557
Tupelo, MS 38802
(662)-84I-8856 (THS)
Name: \_\_\_\_\_\_(Please print Full Name (include aliases, nicknames, and maiden name)
Social Security Number: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_
Physical Address
\_\_\_\_\_\_
By signing this form, I give the above named agency permission to request an MDHS Child
Abuse /Neglect Central Registry background check. I understand that this information will be

Abuse /Neglect Central Registry background check. I understand that this information will be used only for the school district purposes and will not be re-disseminated to other persons or used for other purpose.

Applicant SignatureDateI have witnessed the applicant's signature and the information is true and attested by icy viewing<br/>of the applicant's Social Security card and Drivers License, I understand that this information<br/>must be kept confidential with my agency.

Signature of Witness	Date:
6	
This section to be completed by MDHS Office	
No-identifying information was fou	
The following information was four	nd in the Central Registry