

**Academy for Classical Education
2019-2020
Criminal Background Check Release Form
Volunteers**

Last: First Name: Middle: Suffix:

Other Names/Maiden/Alias:

Social Security #: Date of Birth: Race: Sex:
(month/day/year)

Phone #: Email:

Present Address:

City: State: Zip Code: County:

Student's Name: Teacher's Name:

Teacher's Name:

Teacher's Name:

Volunteer Type: Classroom Field Trip Other (Please Specify)

Special Employment Provisions:

- Employment only (Purpose code "E")
- Employment with Mentally Disabled (Purpose code "M")
- Employment with Elder Care (Purpose code "N")
- Employment with Children (Purpose code "W")
- Personal use only (Purpose code "U")

Authorization: (one of the following must be selected)

- This authorization is valid for 90 days/ 180 days / FY20 school year from the date of signature.
- I, give consent to Chamblee Police Department to perform periodic criminal history background checks for the duration of my employment with this company.
- This authorization is valid for one (1) time only from the date I have entered.

Signature:

Date:

*Note: There is a **\$15.00** processing fee for background checks. Cash, checks and money orders are acceptable and should be made payable to The Academy for Classical Education (ACE). Contact the school with any questions.*