

## GUILFORD COUNTY SCHOOLS (GCS) RELEASE OF INFORMATION FORM

The purpose of this form is to notify you, in accordance with present federal law that a background report, including a criminal records check, will be obtained on you in consideration for placement as a student teacher and/or in the course of your employment with the Guilford County Schools. I understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Middle: \_\_\_\_\_ Other (Maiden, Aliases, etc.): \_\_\_\_\_

Present Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Month Day Year

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

In consideration with this request, I authorize all corporations, former employers, credit agencies, education institutions, law enforcement agencies, city, state, county and federal courts, and military services to release information about my background, including but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public record history, to the person or company with which this form has been filed, or its agents. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

**Please list all cities, counties and states in which you have lived within the past 20 years. Attach another page if necessary:**

Street	City	County	State	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please list any felony or misdemeanor criminal convictions, guilty pleas, pleas of no contest, deferred prosecutions, prayers for judgment, and pending charges. Your listing should include DWI/DUI convictions, guilty pleas etc. but exclude minor traffic violations. Please provide date(s), court of jurisdiction, and state.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Position nominated for:** STUDENT TEACHER **Previously worked for GCS:** \_\_\_\_ yes \_\_\_\_ no

**School/Location:** ATTN: OFFICE OF EMPLOYMENT

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Consumer Reports Release / Order Form

In connection with my application for employment (including contract for services) or for consideration for placement as a student teacher with Guilford County Schools, I understand that consumer or investigative consumer reports which may contain public record information, may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. Further I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

**FOR IDENTIFICATION PURPOSES: PLEASE PRINT INFORMATION CLEARLY IN UPPER CASE**

Last: \_\_\_\_\_ First: \_\_\_\_\_

Middle: \_\_\_\_\_ Other: Maiden, Aliases, etc. \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

**LIST ALL ADDRESSES FOR THE PAST SEVEN (7) YEARS STARTING WITH THE MOST CURRENT:**

	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Dates (MM/YEAR)</u>
1.	_____	_____	_____	_____	From: _____ To: _____
2.	_____	_____	_____	_____	From: _____ To: _____
3.	_____	_____	_____	_____	From: _____ To: _____
4.	_____	_____	_____	_____	From: _____ To: _____
5.	_____	_____	_____	_____	From: _____ To: _____

Signature \_\_\_\_\_ Date: \_\_\_\_\_

REQUESTOR: GCS001

DEPT. \_\_\_\_\_

**COUNTY CHARGES are PER NAME**

**COUNTY CRIMINAL RECORD SEARCH FOR THE FOLLOWING AREAS:**

1) \$ \_\_\_\_\_, 2) \$ \_\_\_\_\_, 3) \$ \_\_\_\_\_, 4) \$ \_\_\_\_\_, 5) \$ \_\_\_\_\_

**COST: \$3.00 PLUS \$12 per County in ALL States with the exception of: SD Counties @ \$30. ALL NY areas = 1x \$58**

**Fax to: B.I.B. @ 1-704-439-3901 (Add Lines 1-5 PLUS \$3.00) TOTAL AMOUNT DUE: \$ \_\_\_\_\_.**

*Please remember that criminal records are name sensitive. Maiden & Alias names are treated as a separate searches.*

**Acceptable forms of payment:** Visa / MC / Discover (Fax in Credit Card Form with this Search Request), or Money Order

MAILED to: **BIB, 9710 Northcross Ctr. Court, Huntersville, NC 28078**

**B.I.B. INC. CREDIT CARD CHARGE APPROVAL**

This document provides BIB Inc. with approval to process your credit card for charges incurred for criminal record searches being performed for my application to:

GUILFORD COUNTY SCHOOLS DEPT: \_\_\_\_\_

**CREDIT CARD INFORMATION**

**- CREDIT CARD AUTHORIZATION -**

**By my signature below, I authorize RSM Group, LLC to process and charge my credit card for my criminal record searches.**

Credit Card Type: \_\_\_\_\_ (Visa / Mastercard / Discover / AmEx)

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit and Security PIN \_\_\_\_\_ (3 to 4 digit number in signature block on back of card)

Cardholder Name: \_\_\_\_\_ (as written on card)

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder Telephone Number: (\_\_\_\_) \_\_\_\_\_

Cardholder Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

Please forward 1) this document, 2) Your Consumer Reports Release Form, and 3) a Photostat copy of your Drivers License to the attention of the RESEARCH DEPT via the Toll Free Fax Number: 1-704-439-3901 or Mail to: BIB, Inc., Attention: 9710 Northcross Center Ct., Suite 100 Huntersville, NC 28078.