

# AUTHORITY FOR RELEASE OF INFORMATION

I authorize Northampton County Schools through its agent to perform a Criminal History Records information check in connection with my services with Northampton County Schools. I understand Northampton County Schools and its administration and employees shall not be held accountable in any way for providing this information, and I hereby release said agency and persons from any and all liability that may be incurred as a result of furnishing such information. I further understand that the school system cannot release the results of this criminal history record check to me.

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

## INFORMATION REQUESTED

Full Name (Printed): \_\_\_\_\_

Current Address: \_\_\_\_\_

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

County: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**All Previous Addresses within Last Five (5) Years: (If applicable)**  
Use reverse side of form to list multiple previous addresses.

Street: \_\_\_\_\_

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

County: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_



## OFFICE USE ONLY

### Reports To Be Pulled

\_\_\_\_\_ State Criminal Misdemeanor & Felony  
\_\_\_\_\_ Other

Ordered by: Director of Human Resources / Northampton County Schools

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

Northampton County Schools  
701 North Church Street  
PO Box 158  
Jackson, NC 27845  
Phone: 252-534-1371 Fax: 252-534-1104