**AUTHORIZATION OF RELEASE OF CRIMINAL**

**BACKGROUND INFORMATION**

 **- Mentor/Volunteer/Chaperone Consent Form -**

**Non-Profit: Butterfields Ministries Worldwide, Inc. Contact: Ann P Butterfield**

To the Sheriff’s Department of Henry County:

I hereby authorize any clerk, officer, judge, custodian, or other person to give to the Butterfields Ministries Worldwide, Inc, 5883 GA 155N120 North, Stockbridge, Georgia, 30281, any and all information in their possession regarding my motor vehicle record, and any criminal history or record pertaining to me, which may be on file with any criminal justice agency, court, or the GCIC/NCIC, or other information requested upon presentation of this authorization or any reproduced copy thereof. (O.C.G.A. 35-3-35/35-3-6.) I further give my continuing consent, for officials of Butterfields Ministries Worldwide, Inc. to access such information throughout the course of my service at intervals, should Butterfields Ministries Worldwide, Inc., deem further background checks appropriate.

***ALL REQUESTED INFORMATION MUST BE SUBMITTED AND MUST BE LEGIBLE. THE SHERIFF’S DEPARTMENT WILL NOT PROCESS INCOMPLETE REQUESTS, AND INCOMPLETE FORMS WILL BE RETURNED TO THE NON-PROFIT.***

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Print Full Name (First, Middle, Last) Social Security Number (**Full Number**)

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Street Address

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City State Zip Code

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Sex Race Date of Birth Driver’s License Number/State

 (MM/DD/YYYY)

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Signature Date

Sworn to and subscribed before me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

For HR use only: