Applicant Background Check Release and Authorization Form

Date:	
Fax:	

Read Carefully, complete and return to:

Dalton State College, Director of Admissions, 650 College Drive, Dalton GA 30720

It is the intent of Dalton State College to provide educational opportunities to all applicants. If an applicant or former student has checked YES in the conviction question of the application form, the applicant is required to proceed through an appeals process. In addition to the standard admissions procedure, the appeals process involves personal screening to determine enrollment eligibility based on the criminal threat which this applicant poses to the institution.

I hereby authorize Dalton State College or its authorized representatives to obtain any information held by any parties regarding my criminal history and information regarding my character and reputation.

I hereby direct you to release such information to Dalton State College or its authorized representatives.

I hereby fully release and discharge Dalton State College, their employees and officers from all claims and damages arising out of or relating to any investigations of my background for educational purposes. I release providers of such information from any liability for providing it.

I therefore release Dalton State College and its employees and officers from liability arising out of errors or omissions.

Note: Background Check Release Forms must be submitted 45 days prior to the beginning of the term to guarantee admittance.

Which Semester do you pla	an to attend Dalton State? (CHECK ONE)	☐ Fall ☐ Spring ☐ Summer 20
Name:		SSN:
First, Mi	iddle, Last – Print Clearly	
Other name / Alias / Maio	len Name:	
Gender: Male Fen	nale Race:	D.O.B/
Current Address:		
City	State	Zip Code
State / County of Convict	ion:	
Felony	Non-felony	
Signature	?	 Date
Person Requesting Histor	(For Departmental use of y:	
Department Requesting H	listory:	
Public Safety Case #:		
Public Safety Operator: _		(R – SU09 M-drive)