



**NOXUBEE COUNTY  
SCHOOL DISTRICT**

## PERMISSION FOR BACKGROUND CHECK

DATE \_\_\_\_\_

I give my permission for the Noxubee County School District to conduct a background screening check with law enforcement, the Child Abuse Central Registry, previous employers, and any other persons to determine my suitability in working with children. I understand that this permission is a part of my application for a position with the Noxubee County Schools. I further understand that this information will only be used in regard to the above application.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Social Security Number \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_