High Point Academy

6655 Pottery Road Spartanburg, SC 29303 864.316.9788

Background Investigation Consent Form (Complete all relevant information, sign and date. There is a \$10 charge to complete the background check)

I, ______, hereby authorize High Point Academy, and its agent to make an independent investigation of my background, references, character, past employment, adult criminal or police records, and motor vehicle records. All records are to confirm the information currently on file with High Point Academy or obtaining other information that may be material to qualifications for service now and, if applicable, during the tenure of my employment with High Point Academy.

Have you ever been convicted of a felony? Yes / No If yes explain:

I release High Point Academy and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any any all of the above referenced sources used. The following is my trueand completelegal name and all information is true and correct to the best of my knowledge:

LastName:	FirstName:		
Middle Name:	Maiden or Other Names Used:		
Sex: M / F Dateof Birth:	/ /		
Social Security Number:			
Address:	City:	State:	
Zip:County:	Driver's License State / Number:		
Signature:	Date:		

*Note: The above information is required for identification purposes, and is in no manner used as qualifications for employment, internship, or service as a volunteer. High Point Academy abides by all applicable state and federal employment laws.

FOR OFFICE USE ONLY

Date of Report:	Results:	StaffSignature: