MISSISSIPPI DEPARTMENT OF EDUCATION CONTRACT WORKER BACKGROUND ACKNOWLEDGEMENT AND AUTHORIZATION TO RELEASE INFORMATION

(Printed) /Contract Worker's Full Name (list maiden name and/or any aliases)

Social S	Security Number	er:				
Current	Address:					
		Street/PO Box	City	State	Zip Code	County
Email A	Address:					
felony in unlawfu	n any court of Illy taken, obta	the state of Miss ained or misapp	sissippi, and propriated in	other state, or in federa	red a plea of nolo con al court in which public e of any office or emp	funds were
criminal purpose checks Scott-Re	I background s. I understand that may be noberts and Ass In such case,	check. I unded that I am respondences during ociates. I further	erstand that onsible for p my contra r understand	t this information wi paying any fees assess ct period. Fees are to d that I may withhold	ducation permission tell be used only for each, which includes any be paid electronically my permission for this E's offer of employment	employment subsequent directly to background
]	Date:		
Contrac	t Worker's Sig					
_	Program Office	»:				
Date:	******	******	******	*******	*******	***
	This se	ction to be com	pleted by	MDE HUMAN RESO	OURCES OFFICE	
	No	o Disqualifying i	information	was found in the Bac	kground Check	
	Di	squalifying info	rmation wa	as found in the Backgro	ound Check as follows	:
	Signature of N	MDE HR Repres	entative		Date	
*****	*****	*****	******	*******	******	*****
		From Program Offic From Scott Roberts				
Date HR	forwarded results	to Program Office	:			
Date Prog	gram Office forw	arded form to the O	office of Proc	urement along with Contra	act Packet	
☐ Conti	nued from Previ	ous Fiscal Year-No	Break in Co	ontract period		