



**AUGUSTA**  
UNIVERSITY

**Background Check – Student Consent Form**  
**For College of Education – Graduate Programs**

***Return completed Background Check - Student Consent form to:***

**(Physical Address)**

College of Education  
Program Manager  
University Hall – Suite 366  
2500 Walton Way  
Augusta, GA 30904

**(Mailing Address)**

College of Education  
Program Manager  
University Hall – Suite 366  
1120 15<sup>th</sup> Street  
Augusta, GA 30912

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Please complete the attached Background Check – Student Consent Form and return the **original** to the COE Program Manager in University Hall, Teaching and Learning Department, Suite 366. **DO NOT** return the form to Public Safety (as the directions on the form tell you to do). The form will be processed and results will be returned to the College of Education. You do not have to pick up the form from Public Safety.

If you have any questions, please call the COE Program Manager at 706-729-2980.

**Augusta University  
POLICE DEPARTMENT**

524 15<sup>th</sup> Street; Augusta, Georgia 30912-7500  
(706) 721-2911

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**Augusta University Student Background Check Consent Form**

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I hereby authorize the Augusta University Police Department to receive any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I understand that ***I am required*** to complete the Student's portion of this form in its entirety, and ***must present*** my Augusta University Student ID and a positive ID (*Driver's License, State ID Card, or Passport*), to verify my identity when dropping off this form at the Augusta University Police Department, and that my failure to do so will result in a delay or denial of this form being processed.

<b>Student's Name (Last, First MI):</b>	<b>Date of Birth:</b>	<b>SSN:</b>
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<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Unknown
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<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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<b>Special provisions – (check all that apply)</b> In this position will you be working with or attending to:	<input type="checkbox"/> Children <input type="checkbox"/> Elderly <input type="checkbox"/> Mentally Disabled <input type="checkbox"/> N/A
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<b>Student's Signature:</b>	<b>Date:</b>
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Your signature allows this background check to be returned to the College of Education.

➡ *This authorization is valid for 30 days from date of signature.*

**Instructions:** Complete the above form and drop it off at AU Police Dispatch located in the Annex II building (HT), at 524 15<sup>th</sup> Street; Augusta, GA, for processing. You can drop off the form at any time. Your background check should be ready for pick up the next business day by 4 PM, at Augusta University Police Dispatch, with the exception of weekends and holidays. You may call (706) 721-2911 to see if your form is ready for pickup or we can notify you by e-mail. (***See page 2 for processing instructions.***)

<input type="checkbox"/>	<b><i>I want to be notified by e-mail when my Back-ground Check is ready for pickup, my e-mail address is:</i></b>	
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<b>FOR AU POLICE USE ONLY</b>	<b>Date Received by AU Police:</b>
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✓ **Student's identification** ☐ was / ☐ could not be verified by: \_\_\_\_\_ (*Officer's Name*).

I have conducted a criminal history check on the above named student and found:

- ☐ **NO CRIMINAL HISTORY**
- ☐ **CRIMINAL HISTORY**  
(See attached and/or Comments)

**Comments:**

**PSD Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_