

**BRIGHT FROM THE START**  
**Georgia Department of Early Care and Learning**  
**FINGERPRINT RECORDS CHECK APPLICATION**

**TO BE COMPLETED BY APPLICANT:** COGENT Registration ID: \_\_\_\_\_

*(Please read instructions on the following pages before completing this application.)*

1. **APPLICANT/EMPLOYEE TYPE:**  Owner (present in facility)  
 Director/Provider  
 Employee – Teacher/Asst. Teacher  
 Employee - Other  
 Resident  
 Temporary/Substitute Caregiver  
 Independent Contractor  
 Volunteer  
 Student-In-Training (must submit proof of enrollment with this application)  
 Informal Provider
2. **PROGRAM TYPE:**  Child Care Learning Center  
 Family Child Care Learning Home  
 Exempt Program  
 Head Start Program  
 Support Center
- Date of Hire: \_\_\_\_\_

3. **PRINT FULL NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN /ALIAS DATE OF BIRTH

\_\_\_\_\_  
GENDER RACE SOCIAL SECURITY NUMBER STATE/COUNTRY OF BIRTH

\_\_\_\_\_  
HEIGHT WEIGHT EYE COLOR HAIR COLOR HOME TELEPHONE NUMBER

\_\_\_\_\_  
CELL PHONE NUMBER PERSONAL E-MAIL ADDRESS

\_\_\_\_\_  
**HOME ADDRESS:** STREET CITY STATE ZIP

\_\_\_\_\_  
**MAILING ADDRESS:** STREET/P.O. BOX CITY STATE ZIP

4. **In the past five years, have you resided in a state other than Georgia, a US territory or tribal land?**  NO  YES  
**IF YES, LIST ALL:** \_\_\_\_\_

5. *I hereby authorize Bright from the Start: Georgia Department of Early Care and Learning (DECAL) to receive any criminal history record information pertaining to me which may be on file with any criminal justice agency in the United States, its territories or tribal lands. I authorize DECAL to conduct a search of the National Sex Offender Registry, the child abuse/neglect registry of Georgia and of any state in which I have resided within the past five years. I further authorize DECAL to release a fitness determination to the program identified below. I understand that this authorization is valid for up to and including 180 days from the date of signature for the criminal history release and that Georgia law authorizes DECAL to require additional records checks when the department has reason to believe that I have a record that renders me ineligible to have contact with children in the center or during the course of an investigation.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

**6. TO BE COMPLETED BY DIRECTOR, PROVIDER OR PROGRAM ADMINISTRATOR:**

\_\_\_\_\_  
NAME OF PROGRAM PROGRAM IDENTIFICATION NUMBER

\_\_\_\_\_  
PROGRAM STREET ADDRESS CITY, STATE, ZIP

\_\_\_\_\_  
PROGRAM MAILING ADDRESS CITY, STATE, ZIP

7. **My signature indicates that I am the Director, Provider or Program Administrator and that I have verified the above information on the applicant.**

\_\_\_\_\_  
SIGNATURE DATE PROGRAM TELEPHONE NUMBER

\_\_\_\_\_  
NAME (PRINTED)

**MAIL TO:**  
**BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING**  
**ATTENTION: RECORDS UNIT**  
**2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower**  
**Atlanta, Georgia 30334**

FAXED APPLICATIONS WILL NOT BE ACCEPTED. SUBMIT APPLICATIONS THROUGH DECAL KOALA FOR FASTER PROCESSING.

**BRIGHT FROM THE START**  
**Georgia Department of Early Care and Learning**  
**FINGERPRINT RECORDS CHECK APPLICATION**

**To receive a fingerprint records check determination letter, you must complete all of the following steps:**

1. Complete the online application and submit or complete this paper application and mail it to the *DECAL Records Unit*
2. Register with the *COGENT* system
3. Scan your fingerprints through *COGENT*
4. Follow instructions provided by *DECAL* if you've lived in a US territory, tribal land or state other than GA in the past five years.

**INSTRUCTIONS FOR COMPLETING PAPER FINGERPRINT RECORDS CHECK APPLICATION**

Please use a blue or black ball point pen, press firmly, and PRINT legibly.

**APPLICANT WILL COMPLETE THE FOLLOWING SECTIONS:**

First, write your COGENT Registration ID number at the top of the form in the space provided.

1. Check the box that identifies the type of fingerprint records check applicant.
2. Check the box that identifies the type of child care facility or program.
3. Print your date of hire.  
Print your full name, including your MAIDEN name and any known ALIASES. DO NOT use initials if you have a given name.  
Print your date of birth.  
Print your gender: Female, Male, Unknown.  
Print your race: Asian or Pacific Islander, Black, American Indian or Alaskan Native, Unknown, White (includes Mexicans and Latinos).  
Print your Social Security Number.  
Print your place of birth: List the state/territory if you were born in the United States. If you were born outside of the United States, list the country in which you were born.  
Print your height.  
Print your weight.  
Print the color of your eyes: DO NOT abbreviate: Brown, Black, Gray, Blue, Green, Hazel, Maroon, Multicolored, Pink or Unknown.  
Print the color of your hair: DO NOT abbreviate: Black, Blonde, Blue, Brown, Gray, Orange, Pink, Purple, Red, Sandy, Unknown/Bald or White.  
Print your home and cell telephone numbers with area code.  
Print your personal email address (*not the email address of the child care facility*).  
Print your complete home address (*no P.O. Boxes*).  
Print your complete mailing address if different than your home address. If your mailing address is the same as your home address, print "SAME AS ABOVE" on that line.
4. Indicate whether you have lived in a state or territory of the United States other than Georgia any time within the past five years. If you have, list those states or territories. DO NOT abbreviate.
5. Read the consent statement. Sign and date on the spaces provided if you agree to the terms of the consent statement.

**DIRECTOR, PROVIDER OR PROGRAM ADMINISTRATOR WILL COMPLETE THE FOLLOWING SECTIONS:**

6. Print the name of your program as it appears on your license, registration, permit, exemption or commission certificate.  
Print the license, registration, permit, exemption or commission number of your program.  
Print the program's physical address.  
Print the program's mailing address, if different than the physical address.  
*Note that record check determination letters will be emailed ONLY to the primary email address on file with the state.*
7. Director, Provider or Program Administrator must sign his/her name as it would appear on business letter.  
Print the name of the Director, Provider or Program Administrator name below the signature.  
Print the date signed.  
Print the program telephone number.
8. **MAIL** the completed, and signed form to the Records Unit (faxed applications will not be accepted).

BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING  
Attention: Records Unit  
2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower  
Atlanta, Georgia 30334