Date Submitted _____

OUT OF STATE CLEARANCE WAIVER
FOR SCHOOL VISITOR STATUS

School/Work Site	Cost Center	Contact #

Principal/Site Administrator	Title

Company Providing Services	Company Contact

Company Address

Contact Email: _____

Contact Phone#: _____

Company Phone #: _____

Services Start Date

Services End Date

Type of Service to be Provided

List of Contractors that will be on Leon County School's Property:

Name	Date of Birth	Name	Date of Birth

List LCS employee(s) that will be supervising the Contractors:

Name	Name	Name	Name

I, _____ (principal/site administrator), attest that the above listed Contractor(s) will be providing services during school hours, will have direct contact with students and will be supervised by Leon County Schools staff at all times. All Contractors will be required to present a valid government issued photo identification and complete a sexual offenders and predators search via a Raptor check.

Principal/Site Administrator	Date	Chief of Safety and Security	Date

Approved ☐ Denied ☐