



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