



CRIMINAL HISTORY CONSENT FORM

I hereby authorize _____ to receive any criminal history record information pertaining to me that may be in the criminal justice files of the State of Georgia or local criminal justice agency in the State of Georgia.

Print Full Name

Drivers License Number

Street Address

City/State/Zip

Sex

Race

Date of Birth

Social Security Number

Special employment provisions (check if applicable):

- Regular Employment (Purpose code 'E')
- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Personal Request without Consent (Purpose code 'P')

Signature

Date

Please print legibly. Print all information except signature. Our hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. There is a 24-hour turnaround time on this report during normal business hours.