

Consent Form

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

Full Name (print)

Maiden (or previously used name)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

One of the following must be checked:

- This authorization is valid for 90/180/____ (circle one) days from date of signature.
- I, _____ give consent to the above
named to perform periodic criminal history background checks for the duration of my
employment with this company.

Notary

Date