



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		Telephone Number	

City/State/Zip			
_____	_____	_____	_____
Sex	Race	Date of Birth	Social Security Number

Special employment provisions (check one):

- Regular Employment, licensing, adoption/foster parent, personal records, housing (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—Felony Convictions ONLY (Purpose code 'P')

_____	_____
Signature	Date

Please print legibly. Print all information except signature. Applications will be accepted from 8:00 a.m. to 4:30 p.m. Please allow up to 24 hours for processing.

OFFICIAL USE ONLY

GCIC CRIMINAL HISTORY COMPLETED

DATE: _____ OPER: _____

NO GA HISTORY _____ HISTORY ON FILE _____

RELEASE TO: _____