



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: _____