

DRIVER & CRIMINAL HISTORY CONSENT FORM

I hereby authorize the City of Conyers Police Department to receive any criminal history / driver history record information pertaining to me that may be in the criminal justice files of the State of Georgia, or any other local, state, or federal criminal justice agency.



CRIMINAL AND DRIVER HISTORY INFORMATION	THIS INFORMATION MUST APPEAR ON THE CONSENT FORM AND MUST BE COMPLETED.
LAST NAME	SUFFIX:
FIRST NAME	
MIDDLE NAME	
OTHER LEGAL NAMES (4 TH NAME)	
OTHER NAMES USED (Marriage names, Maiden names, aliases, nicknames)	
DATE OF BIRTH	
DRIVER LICENSE NUMBER	STATE(S) OF ISSUE:
SOCIAL SECURITY NUMBER	
RACE	
SEX	

(X) _____
 Applicant's Signature DATE

