GEORGIA BUREAU OF INVESTIGATION
Georgia Crime Information Center

Consent Form

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

_____
Full Name

_____ _____ _____ _____
Address City State Zip Code

Sex: Select _____ Race: Select Race _____

Date of Birth: _____ Last 4 Social Security Number: _____

_____ _____
Signature Date

NOTARY SEAL

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 ☐ _____ days from date of signature.
- ☐ I, _____ give consent to the above name to perform periodic criminal history background checks for the duration of my employment with this company.