GEORGIA BUREAU OF INVESTIGATION
Georgia Crime Information Center

Georgia Driver's History 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 _____

Date of Birth: _____ Driver's License Number: _____

_____ _____
Signature Date

NOTARY SEAL