Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

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

_____
Full Name (print)

_____
Address

_____ _____ _____ _____
Sex Race Date of Birth 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/_____ (circle one) days from date of signature.
☐ I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.