Georgia Bureau of Investigation Georgia Crime Information Center

Consent Form

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 Special employment provisions (check if applicable): Employment with mentally disabled (Purpose code 'M') Employment with children (Purpose code 'N') Cone of the following must be checked:	I hereby authorize
Full Name (print) Address Sex Race Date of Birth Social Security Number Signature Date Date 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')	to receive any Georgia criminal history record information pertaining to me which may be in the
Address Sex Race Date of Birth Social Security Number Signature Date Employment with mentally disabled (Purpose code 'M') Employment with children (Purpose code 'W') Employment with children (Purpose code 'W')	files of any state or local criminal justice agency in Georgia.
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☐ Employment with elder care (Purpose code 'N') ☐ Employment with children (Purpose code 'W')	special employment provisions (check if applicable).
Employment with children (Purpose code 'W')	
One of the following must be checked:	Employment with children (1 throse code w)
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This authorization is valid for 90/180/ (circle one) days from date of signature.	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	
named to perform periodic criminal history background checks for the duration of my employment with this company.	named to perform periodic criminal history background checks for the duration of my