



# 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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
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 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 history background checks for the duration of my employment with this company.