



Criminal History 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 _____

Position Applied For _____

Signature _____

Date _____

Notary _____

Date _____

(This Criminal History Consent Form must be signed in the presence of a Notary Public.)

Reason for Record Check request:

Employment:

Providing care to children _____ (PUR/W) Providing care to the elderly _____ (PUR/N)
Providing care to the mentally ill _____ (PUR/M) Military recruitment _____ (PUR/E)
Department of Family and Children Services/ Adoptions/ Foster Care _____ (PUR/E)
Other Employment _____ (PUR/E)

GCIC Criminal History Check _____

Local Records Check _____

GCIC Terminal Operator running the records check: _____

[] Based on the above information, there is no Criminal Arrest/Conviction Record in the Georgia Crime Information Center Computerized Criminal History Database

[] Based on the above information, this individual has a Criminal Arrest/Conviction Record in the Georgia Crime Information Center Criminal History Database under record # _____ (See attached printout)

[] Unable to verify, refer to Georgia Crime Information center.

School Location: _____