

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize the Houston County Sheriff's Office 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

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 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.