

# CRIMINAL HISTORY RECORD INFORMATION CONSENT FORM

I hereby authorize

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(individual's or agency/company representative's full name, agency/company name)

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

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Full Name Printed

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Address

City

State

Zip

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Sex

Race

Date of Birth

Social Security Number

I understand that by signing this form I am giving the authorized party noted above permission to periodically run additional background checks on me as a condition of my employment with them. No additional consent is required from me as long as I am employed with the company. This authorization ends upon the termination of my employment with the company.

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Signature

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Date