Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize ***Community Welcome House/Linda Kirkpatrick*** to receive any Georgia criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

_____

(PRINT Full Name) Last Name, First Name Middle Name Maiden Name

_____

Address City, State & Zip

_____ _____ _____/_____/_____ _____-_____-_____

Sex Race Date of Birth Social Security Number

_____ _____

Signature of person giving consent Date

One of the following must be checked:

This authorization is valid for (circle one) 90 or 180 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/organization.

NOTARY SEAL

_____

Notary Signature & Date