



CRIMINAL HISTORY RECORD CHECK CONSENT FORM

I hereby authorize a Fort Valley Police Department Certified Agent 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

Signature

Date

Fort Valley Police Department (Use Only)

Purpose of Request:

- ____ Personal Inspection (U)
- ____ Employment – General (E)
- ____ Adoptions (E)
- ____ Employment with mentally disabled (M)
- ____ Employment with elder care (N)
- ____ Employment with children (N)
- ____ Public Records – Felony convictions (P)

Other: _____

Requestor's Name: _____

****THIS AUTHORIZATION IS VALID FOR THIRTY (30) DAYS FROM DATE OF SIGNATURE****

Fort Valley Police Department Certified Agent

Date