

Purpose: _____

Gainesville Police Department
701 Queen City Parkway SW
Gainesville, Georgia 30501
770-534-5252

C o n s e n t F o r m

I hereby authorize _____ 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.

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.

PLEASE PRINT INFORMATION

FIRST	MIDDLE	LAST	MAIDEN

Street address (NO P.O. Box)			

City	State	Zip	
_____	_____	_____	
Sex	Race	Date of Birth	Social Security #
_____	_____	_____	_____

Telephone Number			

Signature			Date
_____			_____
Notary Public		Commission Expires	Today's Date
_____		_____	_____

******Special Conditions******

If an adverse employment or licensing decision is made against the person whose record was obtained under this law, the person shall be informed by the person/company making the decision:

- That a record was obtained
- The specific contents of the record
- The effect the record made upon the decision

Failure to provide this information to the person subject to the adverse decision shall be a misdemeanor.

_____	_____
Date completed (Agency Use Only)	Signature/Initials (Agency Personnel)