

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**

<b>FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>	<b>MAIDEN</b>
_____			
<b>Street address (NO P.O. Box)</b>			
_____			
<b>City</b>	<b>State</b>	<b>Zip</b>	
_____	_____	_____	
<b>Sex</b>	<b>Race</b>	<b>Date of Birth</b>	<b>Social Security #</b>
_____	_____	_____	_____
<b>Telephone Number</b>			
_____			
<b>Signature</b>			<b>Date</b>
_____			_____
<b>Notary Public</b>	<b>Commission Expires</b>	<b>Today's Date</b>	
_____	_____	_____	

**\*\*\*\*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.**

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