

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize Jefferson Police Department to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local justice agency in Georgia. I also authorize the receipt of any Federal criminal history information pertaining to me which may be in the files of any state or local justice agency in the United States.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

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')
- Other _____

SIGN THIS ONLY IN THE PRESENCE OF THE NOTARY PUBLIC AND UNDER OATH

Applicant's Signature: _____

Sworn to me and subscribed in my presence, this ____ day of _____, 20__

Notary Public's Signature

Place Commission information and Seal: