

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize CITY OF ATLANTA
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

By signing below I, _____ give consent to
the above named to perform periodic criminal history background checks for the duration
of my tenure as agent, independent contractor, or member of this establishment.

Signature

Date

FOR OFFICE USE ONLY:

Receiving Authorized Recipient