

Georgia Bureau of Investigation Georgia Crime Information Center

ConsentForm

I hereby authorize		Boys & Girls C		to receive any Georgia
	al historyrecore yin Georgia.	list name of Bo) d information pertaining to me		of any state or local criminal justice
Full	Name (print)			
Addı	ress (to include	city, state, zip code)		
Sex	Race	Date of Birth	Social Security Number	Г
	-	acknowledge that I have bee tatement (Title 28 United Sta		ninal Justice Applicant's Privacy Rights
Signat	ure		Date	
Sp	ecial employn	nent provisions (check if a	pplicable):	
Employment with mentally disabled (Purpose code 'M')				
		ment with elder care (Purpoment with children (Purpoment	•	
Υοι	ı must select	one of the four options below	for the number of days	for authorization:
	This authoriz	zation is valid for (select one e	option from below):	
190 days, or				
		2180 da	•	
			rom date of signature, or	
		4. I,	reform poriodia crissis	give consent to the above
		_	errorm perroaic crimina ny employment with thi	I history background checks for the