

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

Consent Form

I hereby authorize **Thomaston-Upson Recreation Department**

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
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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')
- Employment with criminal justice agency - non-sworn (Purpose code 'I')
- Employment with criminal justice agency - sworn (Purpose code 'Z')

One of the following must be checked:

- This authorization is valid for 90/80/____ (circle one) days from date of signature.
- I, _____ give consent to the above named to be perform periodic criminal history background checks for the duration of my employment with this company.