

**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

## 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.