

Georgia Bureau of Investigations  
Georgia Crime Information Center

Consent Form

I hereby authorize: \_\_\_\_\_ with: \_\_\_\_\_ ph.# \_\_\_\_\_  
**(person picking up record) (Agency)**

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.

\_\_\_\_\_  
**(Print) Last Name First Name Middle/Maiden Phone #**

**Address**

\_\_\_\_\_  
**Sex Race Hgt. Eyes Date of Birth Social Security Number**

\_\_\_\_\_  
**Signature: (Before a Notary)**

Notarized:

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Comm Exp.: \_\_\_\_\_ SEAL**

Special employment provisions (Check if applicable):

- \_\_\_ Employment with mentally disabled (Purpose code "M")
- \_\_\_ Employment with elder care (Purpose code with "N")
- \_\_\_ Employment with children (Purpose code with "W")
- \_\_\_ Other Employment \_\_\_ Real Est. Lec. \_\_\_ Housing (Purpose code "E")

One of the following must be "Checked":

- \_\_\_ This authorization is valid for 90/180/\_\_\_ (circle one) days from the date of signature.
- \_\_\_ I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

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Lumpkin County Sheriff's Office (Use Only)

\_\_\_\_\_/ Date: \_\_\_\_\_

RAN BY (INT.) \_\_\_\_\_