



## CRIMINAL HISTORY CONSENT FORM

Department of Human Resources  
141 Pryor Street SW,  
Atlanta GA 30303  
(404)-612-4000

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### Georgia Bureau of Investigation Georgia Crime Information Center

#### Consent Form

I hereby give my consent for the \_\_\_\_\_  
(Criminal Justice Agency)

to receive any Georgia or Ill criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Special employment provisions (check if applicable):

Employment with criminal justice agency – civilian (Purpose code 'J')

Employment with criminal justice agency – P.O.S.T. certified (Purpose code 'Z')

#### One of the following must be checked:

This authorization is valid for 90 / 180 days from date of signature.

I, \_\_\_\_\_ give consent to the above named I, to perform periodic criminal history background checks for the duration of my employment with this agency.