

CONSENT FORM

I hereby authorize \_\_\_\_\_  
To receive any criminal record of information pertaining to me which may be in the  
files of any state or local criminal justice agency in Georgia.

- a. Complete name: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. SSN: \_\_\_\_\_
- d. Race: \_\_\_\_\_
- e. Sex: \_\_\_\_\_
- f. DOB: \_\_\_\_\_
- g. Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Signature

Date

\_\_\_\_\_

\_\_\_\_\_