

Paid \$ _____
Cash _____ Check _____ Credit _____ MO _____

Phone Number: _____

Georgia Bureau of Investigation Georgia Crime Information Center
Wrens Police Department
Consent Form

I hereby authorize _____ to receive any Georgia criminal history record information pertaining to me, which may be in the files of any Federal, State or Local criminal justice agency in Georgia.

Full Name (print) _____

Date _____

Address _____

Sex _____

Race _____

Address _____

Date of Birth _____

Social Security Number _____

OFFICE USE ONLY RECORD STAMP

Signature _____

Special employment provisions (check all that apply):

- Employment with mentally disabled (Purpose Code "M")
- Employment with elder care (Purpose Code "N")
- Employment with children (Purpose Code "W")
- General Employment (Purpose Code "E")
- Post Certified Law Enforcement (Purpose Code "Z")
- Personal Review by Individual or their Attorney (Purpose Code "U")
- Public Defenders (Purpose Code "L")

One of the following must be checked:

This authorization is valid for 90 / 180 / _____ (circle one) days from 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.

FOR USE BY WRENS PD

- This subject was found to have a criminal history.
- This subject was found to have no criminal history.

SEE BACK OF THIS SHEET FOR ANY CRIMINAL HISTORY INFORMATION FOUND. If the envelope this history was in has been opened or the seal broken please consider this history to be tampered with unless it has been faxed to you.

INITIALS OF COMMUNICATION OFFICE RUNNING HISTORY _____
Georgia Bureau of Investigation Georgia Crime Information Center
Wrens Police Department
Consent Form

I hereby authorize _____ to receive any Georgia criminal history record information pertaining to me, which may be in the files of any Federal, State or Local criminal justice agency.

Full Name: (print) _____

Address: _____
(Street) (City) (State) (Zip Code)

(Sex) (Race) (Date of Birth) (Social Security Number)

(Signature) (Date)

THIS CONSENT FORM WILL BE KEPT ON FILE AT THE WRENS POLICE DEPARTMENT

FOR USE BY WRENS PD

(Signature of Communications Officer)

PURPOSE CODE USED: _____

WHAT WAS THE CRIMINAL HISTORY INQUIRY RUN FOR: _____

IF CRIMINAL HISTORY OBTAINED FOR POLICE OFFICER, HAVE THEM SIGN:

(Signature of Police Officer)