



CRIMINAL HISTORY RECORD CHECK
CONSENT FORM

I hereby authorize a Dunwoody Police Department Certified Agent 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

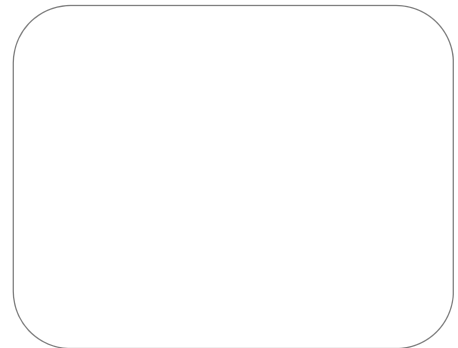
Date

Purpose of Request:

- Personal Inspection (U)
- Employment- General (E)
- Adoptions (E)
- Employment with mentally disabled (M)
- Employment with elder care (N)
- Employment with children (W)
- Ride-Along Program (C)
- Explorers Program (C)
- Volunteer Police Officers (J)
- Public Records- Felony convictions (P)

Requestor's Name: _____

Other: _____



*****THIS AUTHORIZATION IS VALID FOR THIRTY (30) DAYS FROM DATE OF SIGNATURE*****

Dunwoody Police Department Certified Agent

Date