



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

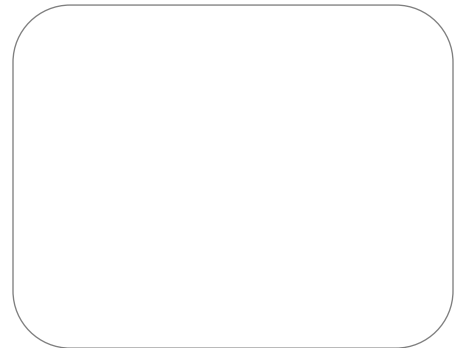
Sex Race Date of Birth Social Security Number

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 (N)
- Ride-Along Program (C)
- Public Safety Cadets Program (C)
- Citizens' Police Academy (C)
- Teen Police Academy (C)
- Citizens on Patrol (C)
- Public Records – Felony convictions (P)
- Other: _____



Requestor's Name: _____

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

Dunwoody Police Department Certified Agent

Date