

**CHAMBLEE POLICE DEPARTMENT  
CRIMINAL HISTORY CONSENT FORM**

I hereby authorize \_\_\_\_\_  
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 (**MUST BE COMPLETED**).

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

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Sex**

\_\_\_\_\_  
**Race**

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

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

.....  
***Special Employment Provisions:***

- Employment only (Purpose code "E")
- Employment with Mentally Disabled (Purpose code "M")
- Employment with Elder Care (Purpose code "N")
- Employment with Children (Purpose code "W")
- Personal use only (Purpose code "U")

***ONE of the following MUST be checked:***

- This authorization is valid for 90/180/\_\_\_ (circle one) days from the 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.
- This authorization is valid for one (1) time only from the date I have entered.

**CH CLERK:** \_\_\_\_\_ **DATE:** \_\_\_\_\_