

**CHAMBLEE POLICE DEPARTMENT
CRIMINAL HISTORY CONSENT FORM**

I hereby authorize the City of Chamblee, Georgia
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

Business Name

Special Employment Provisions Only Check ONE:

- Criminal Record/Employment Check 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:** _____