



PHIL D. MILLER, SHERIFF

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### CRIMINAL BACKGROUND CONSENT FORM

I hereby authorize \_\_\_\_\_  
(Name of person receiving history)

to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency, in the state of Georgia.

NAME: (LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_  
(STREET)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SEX: \_\_\_\_\_ RAC: \_\_\_\_\_ DOB: \_\_\_\_\_ SOC: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NOTARY; \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

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.