



Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize Jim Gay, Director Coweta County Rec. Dept. 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

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice Applicant's Privacy Rights and the Privacy Act Statement (Title 28 United States Code § 534).

Signature

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')

Select the number of days for authorization:

This authorization is valid for

- 90
 180
 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.

NOTARY SEAL

NOTARY SIGNATURE