

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize CITY OF ATLANTA
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

XXX- XX
Social Security Number

Purpose Code C_____

**By signing below I, _____ give consent to the above
named to perform periodic criminal history background checks for the duration of my tenure as
agent, independent contractor, or member of this establishment.**

Signature of Agent

Authorized Signature and Title of
Person within the Business

Date

Date

Email

Email

Phone

Phone

FOR OFFICE USE ONLY:

Receiving Authorized Recipient

License Year 2017