

Atlanta Police Department Cadet/Intern Program

Consent Form

I hereby authorize the Atlanta Police Department Cadet/Internship Program to receive any criminal history, record, or information pertaining to me, which may be in any national, state, or local criminal justice agencies in the United States of America.

Full Name (Please Print Only)

Address

City

State

Zip Code

Race

Sex

Date of Birth

I further state that I have/have not been convicted, paroled or placed on probation. The following yes/no answers are correct concerning my criminal history.

Have you been charged or convicted of the following offenses:

Please check Yes or No.

	YES	NO
Criminal Homicide		
Robbery Aggravated		
Assault Burglary		
Rape		
Child Molestation		
Aggravated Battery		
Suspended License		
Disorderly Conduct		
Driving Under the Influence (DUI)		
Kidnapping		
Leaving the scene of an accident		
Felony involving motor vehicle		
Felony involving theft/violence		
Any sale, possession, or distribution of narcotics of drugs		

Social Security Number

Signature

Date

This authorization is valid for 90 days from the date of signature.