Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize Jefferson Police Department to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local justice agency in Georgia. I also authorize the receipt of any Federal criminal history information pertaining to me which may be in the files of any state or local justice agency in the United States.

_____
Full Name (print)

_____
Address

_____	_____	_____	_____
Sex	Race	Date of Birth	Social Security Number

_____ _____
Signature Date

****

AUTHORIZATION FOR THE ACADEMY TO OBTAIN COPY OF RESULT

I authorize a representative from The Academy to receive a copy of the result of this background screen.

Signature: _____ Date: _____

****

SIGN THIS <u>ONLY</u> IN THE PRESENCE OF THE NOTARY PUBLIC AND UNDER OATH

Applicant's Signature: _____

Sworn to me and subscribed in my presence, this _____ day of _____, 20___

_____
Notary Public's Signature
Place Commission information and Seal: