**Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hall County Sheriff’s Office**

**2859 Browns Bridge Road**

**Gainesville, GA 30504**

**CONSENT FORM**

I hereby authorize to receive any criminal history records information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

**Special employment provision (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 the date signature.

☐ I, give consent to the above named to perform periodic criminal history background check for the duration of my employment with this company.

**PLEASE PRINT INFORMATION**

First Middle Last Maiden

Street Address (NO P.O. Box) City, State, Zip

Sex Race Date of Birth Social Security Number

Signature Date Telephone Number

Notary Public Commission Expires Today’s Date

**\*\*Special Conditions\*\***

If an adverse employment or licensing decision is made against the person whose record was obtained under this law, the person shall be informed by the person/company making the decision:

* That a record was obtained;
* The specific contents of the record; and
* The effect the record made upon the decision.

Failure to provide this information to the person subject to the adverse decision shall be a misdemeanor.

Agency Use Only

Date Completed Signature/Initials

**NOTE - If any changes/corrections need to be made you MUST submit a new form. This form will NOT be accepted with strikethroughs, mark outs or corrections.**