Jonesboro Police Department

170 South Main Street, Jonesboro Georgia, 30236 Telephone 770-478-7407, Fax 678-479-1827

Criminal History Consent Form

I hereby authorize ____**JONESBORO POLICE DEPARTMENT**_____,
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)

_____ _____ _____ _____
LAST NAME **FIRST NAME** **MIDDLE NAME** **MAIDEN**

_____
Address **City** **State** **Zip**

_____ _____ _____ _____ _____
Sex **Race** **Date of Birth** **Social Security Number** **Job Description**

X _____ _____
Signature **Date**

Notary: _____ **Date:** _____

(This Criminal History Consent Form must be signed in the presence of the Notary Republic)_____

Reason for Record Check Request

Employment

Providing care to children _____ (PUR/W) Providing care to the elderly _____(PUR/N)

Providing care to mentally ill _____(PUR/M) Military Recruitment _____(PUR/E)

Dept of Family and Children Services/Adoptions/Foster Care _____(PUR/E)

Other ____(PUR/E)

GCIC Criminal History Check _____

☐ **Based on the above information, this individual has a Criminal Arrest/Conviction Record in the Georgia Crime Information Center Computerized Criminal History Database under Record #**_____.

☐ **Based on the above information, this individual has NO Criminal Arrest/Conviction Record in the Georgia Crime Information Center Criminal History Database.**

☐ **Unable to verify, refer to Georgia Crime Information Center.**