

**Georgia Crime Information Center
Consent Form**

PRINT LAST NAME _____

I hereby authorize CITY OF JOHNS CREEK 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

Social Security Number

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

I give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company. I also authorize the release of the criminal history information to Kirk Franz of the Johns Creek Park and Recreation Department.

Signature

Date

NO RECORD ON FILE

SID _____

OPERATOR: _____ DATE: _____