

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby give my consent for the Fulton County Department of Emergency Services, E911
(Criminal Justice Agency)

to receive any Georgia or III criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.

Full Name (print)

Address

Sex Race Date of Birth Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with criminal justice agency – civilian (Purpose code ‘J’)
- Employment with criminal justice agency – P.O.S.T. certified (Purpose code ‘Z’)

One of the following must be checked:

This authorization is valid for 90 / 180 / _____ (check one) days from date of signature.

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this agency.