



BALDWIN POLICE DEPARTMENT

CRIMINAL HISTORY AUTHORIZATION CONSENT FORM

I hereby authorize _____ to conduct an inquiry for
Agency/Company
the purpose listed below and receive any Georgia criminal history record information as authorized by
state and federal law.

Full Legal Name Only(Print)

Current Address (Include street address, city, state and zip code)

Sex/Gender

Race

Date of Birth

Social Security Number

Signature

Date

Purpose Code for Employment: (Check Only One)

Employment with Mentally Disabled (Purpose Code M)

Employment with Elder Care (Purpose Code N)

Employment with Children (Purpose Code W)

Regular Employment/Housing/Volunteer (Purpose Code E)

This authorization is valid for _____ days from date of signature.

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