Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize Dana Turner/Carol Croy Phone # 706-867-3271 with
(person picking up record)

North Georgia College and State University – Physical Education (Athletic Training)
(Agency)

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.

_____ _____ _____ _____-_____-_____
(PRINT) Last Name First Name Middle/Maiden Phone Number

_____
Address

_____ _____ _____ _____ _____-_____-_____ _____-_____-_____
Sex Race Hgt. Eyes Date of Birth Social Security Number

_____ **NOTARIZED:**
Student Signature

***MUST SIGN IN THE PRESENSE OF A NOTARY** _____
SEAL

_____-_____-_____ comm….expires:_____-____-_____
Date

THIS FORM MUST BE NOTARIZED BEFORE YOU SUBMIT IT. DO NOT TAKE THIS FORM TO THE SHERIFF'S OFFICE. YOU MAY BRING THE FORM TO ROOM 214 DUNLAP HALL TO HAVE IT NOTARIZED. DO NOT LEAVE THE FORM WITHOUT THE NOTARY'S SIGNATURE. THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY.

Special employment provisions (check if applicable):

____Employment with mentally disabled (Purpose code "M")
____Employment with elder care (Purpose code "N")
____Employment with children/ placement in schools for University Course Work (Purpose code "W")
____Other Employment_____Real Est. Lic._____Housing (Purpose code "E")

One of the following must be checked:

____This authorization is valid for 90/180/_____(circle 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 (enrollment in school) with this company/university.

Public Safety (USE ONLY)

_____ / DATE: ____-____-____

RAN BY: (INT.) _____

Public Safety - North Georgia College and State University - 706-864-1500