Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize ________Carol Croy________Phone # 706-867-3247__ with
(person picking up record)

__North Georgia College and State University – Department of Teacher Education
(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 City State Zip Code

_____ _____ _____ _____ ____-____-_____ _____-______-_______
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 NGCSU PUBLIC SAFETY 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.

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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.

NGCSU Public Safety Office (USE ONLY)

______________________ / DATE: ____-____-____

RAN BY: (INT.) __________________