

**Bibb County Sheriff's Office**

668 Oglethorpe Street

Macon, Georgia 31201

(478) 746-9441

**CRIMINAL HISTORY CONSENT FORM**

I hereby authorize the Bibb County Sheriff's Office to release 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) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Sex \_\_\_\_\_

Race \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Special employment provisions (AT LEAST ONE BLOCK MUST BE CHECKED)**

- Public or Private Employment or Licensing (Purpose code 'E')
- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with criminal justice agency -- non-sworn (Purpose code 'J')
- Employment with criminal justice agency -- sworn (Purpose code 'Z')

One of the following must be checked:

- This *authorization* is valid for 90 / 180 / \_\_\_\_\_ (circle one) days from date of signature.
- I give consent for periodic criminal history background checks for the duration of my employment with this company. (Name of Company) \_\_\_\_\_

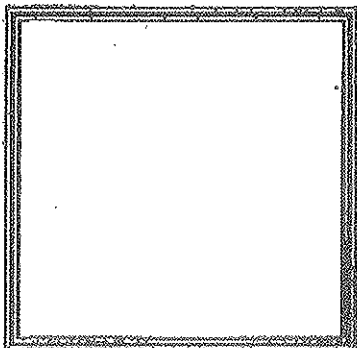
Signature \_\_\_\_\_

Date \_\_\_\_\_

Sworn To and Subscribed Before Me

This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Signature \_\_\_\_\_



Notary Seal

*Bibb County Sheriff's Office use:*

Record Checked By \_\_\_\_\_

Date \_\_\_\_\_

Criminal History Record Check Results:

