

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize the Port Wentworth Police Department 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.

Full name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special Volunteering Provisions (check if applicable):

- Volunteering with mentally disabled (Purpose code 'M')
- Volunteering with elder care (Purpose code 'N')
- Volunteering with children (Purpose code 'W')

One of the following must be checked:

- This authorization is valid 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 volunteering with the City of Port Wentworth.

Notary

Date