

**ROCKDALE COUNTY SHERIFF'S OFFICE
 GEORGIA BUREAU OF INVESTIGATIONS
 GEORGIA CRIME INFORMATION CENTER (G.C.I.C.)
 CONSENT FORM**



PLEASE PRINT CLEARLY

I hereby authorize		Rockdale County Recreation - <i>Jason Ledmond</i>					
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: (First, Middle, Last)							
Street Address:							
City:					State:		
Sex: Male <input type="checkbox"/>		Female <input type="checkbox"/>		Race:			
Date of Birth: (mm/dd/yyyy)							
Social Security Number:							
Signature:							
Date:							
Special Employment provisions (check if applicable):							
<input type="checkbox"/>	<input type="checkbox"/>	Employment with mentally disabled (Purpose code "M")					
<input type="checkbox"/>	<input type="checkbox"/>	Employment with elder care (Purpose code "N")					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employment with children (Purpose code "W")					
<input type="checkbox"/>	<input type="checkbox"/>	Vendor or contractor at a criminal justice agency, who are NOT involved with the actual administration of criminal justice at the agency (Purpose code "C")					
<input type="checkbox"/>	<input type="checkbox"/>	Employment with firefighter agency, public/private agency, licensing, adoption/foster parent, individual records, public housing (Purpose code "E")					
ONE OF THE FOLLOWING MUST BE CHECKED:							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	I, the above signed, do give consent to the above named person/company/agency to perform periodic criminal history checks for the duration of my employment with person/company/agency.					
<input type="checkbox"/>	<input type="checkbox"/>	This authorization is valid for 90 days from date of signature.					
<input type="checkbox"/>	<input type="checkbox"/>	This authorization is valid for 180 days from date of signature.					
<input type="checkbox"/>	<input type="checkbox"/>	This authorization is valid for _____ days from the date of signature.					
Notary Public:							
Commission Expires:							