

**LOCUST GROVE**



**POLICE DEPT.**

3644 Hwy 42 • P.O. Box 900 • Locust Grove, GA 30248 • 770-957-7055 / 678-583-3591 • Fax: 678-583-3588

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Consent Form**

I hereby authorize CITY OF LOCUST GROVE  
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 employment provisions (check if applicable):**

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

**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 with this company.