# Georgia Bureau of Investigation
# Georgia Crime Information Center

## Consent Form

I hereby authorize the **Coweta County School System** 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.

Have you ever been convicted by federal, state or other law enforcement authorities or pleaded nolo contendere for violations of any federal law, state law, county or municipal law, regulations or ordinance? _____ Yes _____ No

_____

Print Full Name – Last First Middle

_____

Address

_____ _____ _____ _____

Sex Race Date of Birth Social Security Number

_____ _____

Signature Date

_____ _____

Notary Public Expiration Date

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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 (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.

**A copy of your driver's license or picture ID is required to complete this form.**

Revised 11/05