

Bibb County Sheriff's Office

668 Oglethorpe Street
Macon, Georgia 31201
(478) 746-9441

CRIMINAL HISTORY CONSENT FORM

(Public or Private Employment, Housing or Licensing)

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 (ONE OF THE FOLLOWING MUST BE CHECKED)

- Public or Private Employment, Housing 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')

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. (Company name) _____

Signature

Date

Applicant do not complete below

Sworn To and Subscribed Before Me

This _____ Day of _____, 20____

Notary Signature

My commission expires _____.

Notary Seal

Bibb County Sheriff's Office use:

Record Checked By

Date

Criminal History Record Check Results:
