

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

I hereby authorize Tactical Security Consultants, Inc. (TSCI) *and*  
\_\_\_\_\_ to receive any Georgia criminal history record  
information pertaining to me which may be in the files of any state and/or local criminal  
justice agency in Georgia.

\_\_\_\_\_  
Full Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Social security number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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')
- Employment with criminal justice agency – non sworn (purpose code 'J')
- Employment with criminal justice agency – sworn (purpose code 'Z')

One of the following must be checked:

- This authorization is valid for 90/180/\_\_\_\_ (circle one) days from the date of signature.
- I, \_\_\_\_\_ give consent to the above named to perform periodic criminal background checks for the duration of my employment with this company.