

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize **SHARPSBURG YOUTH BASEBALL** to receive any Georgia criminal history record information pertaining which may be in the file of any state or local criminal justice agency in Georgia.

Full Name (PRINT) _____
(LAST, FIRST, MIDDLE, MAIDEN)

Address _____
(CITY, STATE, ZIP)

SEX RACE DATE OF BIRTH SOCIAL SECURITY NO

SIGNATURE DATE

Special Employment provisions (check if applicable):

- Employment with mental disabled (Propose code "M")
- Employment with elder care (Propose code "N")
- Employment with children (Propose code "W")

One of the following must be checked:

This authorization is valid for (circle one) 90 or 180 days from the date of signature.

I, _____ give consent to the above name to perform periodic criminal history background checks for the duration of my employment with this company

Notary Seal

Notary Signature and Date