



City of Kennesaw Police Department
2539 J.O. Stephenson Avenue
Kennesaw, GA 30144



Fax #: 404-891-1916

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent for Criminal History

I hereby authorize Kennesaw Baseball Association 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.

Last First Full Middle

Address _____

City _____ State _____ Zip _____

Sex Race Date of Birth Social Security Number

Height Weight Hair Eyes Birthplace

Authorizing Signature Date Contact Phone #

(Form must be filled out completely or it will be rejected)

Below is for Police Use Only

(Use purpose code "W" Employment with children)

One of the following must be checked:

No Record Found _____ or Record Found _____ (See Attached)
(date) (date)

Employee Signature _____

Approved

Denied

Police Chief Signature _____