



# BALDWIN POLICE DEPARTMENT

## CRIMINAL HISTORY AUTHORIZATION CONSENT FORM

I hereby authorize \_\_\_\_\_ to conduct an inquiry for  
Agency/Company  
the purpose listed below and receive any Georgia criminal history record information as authorized by  
state and federal law.

\_\_\_\_\_  
Full Legal Name Only(Print)

\_\_\_\_\_  
Complete Current Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Purpose Code for Employment: (Check Only One)**

\_\_\_ Employment with Mentally Disabled (Purpose Code M)

\_\_\_ Employment with Elder Care (Purpose Code N)

\_\_\_ Employment with Children (Purpose Code W)

\_\_\_ Regular Employment/Housing/Volunteer (Purpose Code E)

- This authorization is valid for \_\_\_\_\_ days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.