

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

I hereby authorize **White Bluff Methodist Church/John Haney** 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.

Full Name _____

Address (include c / s /z) _____

Sex _____

Race _____

Date of Birth _____

Social Security Number _____

Signature

Date

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')

One of the following must be checked:

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