

CRIMINAL & DRIVERS' HISTORY RELEASE CONSENT FORM

I, the undersigned, hereby authorize the City of College Park to receive any criminal and drivers' history record information pertaining to me, which maybe in the files of Federal, State, County or Local criminal justice agency.

(Print Clearly)

Full Name:

_____ (Last) (First) (Middle)

Complete Address: _____

City: _____ State: _____ Zip: _____

Sex: _____ Race: _____ Date of Birth: _____

Social Security Number: _____ Driver's License #: _____

State: _____

Note: Before signing this consent form, check all answers to see that you have answered all questions fully and correctly. Consent Form is to be executed under oath and is subject to the penalties of false swearing.

Verification

STATE OF GEORGIA, FULTON/CLAYTON COUNTY CITY OF COLLEGE PARK

I, _____ do solemnly swear or affirm, subject to the penalties of false swearing, the above information in foregoing Consent Form is true and correct and that I do willingly give my consent.

Signature (Full Name)

I hereby certify that _____ (the above name individual) sign his/her name to the Consent Form stated to me that he/she know and understood the reason for this Consent Form and willingly signed said Consent Form and under oath actually administered by me, has sworn or affirmed, that said information is truly correct

This _____ day of _____, 20 _____

Notary Public (Place Notary Seal)

DO NOT WRITE BELOW THIS LINE. POLICE DEPARTMENT USE ONLY

() No Criminal Record () Criminal Record

No Driver's License History

Driver's License History

Person Checking Record

Date

CONSENT FORM

I, hereby authorize the City Of College Park officer of professional Standards 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 (Print)

Address

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')

Employment with criminal justice agency –civilian (Purpose code 'J')

Employment with criminal justice agency –P.O.S.T certified (Purpose code 'Z')

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 criminal history background checks for the duration of my employment with this company.

_____ NO CRIMINAL RECORD

_____ CRIMINAL RECORD

CHECKED BY: _____ DATE: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning me to any duly authorized agent of the City of College Park or to any authorized agent of a criminal justice agency or any private agency upon request of the City of College Park, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatments and/or consultation including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; complaints or grievances made by or against me and the records and recollections of attorneys at law; or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the City of College Park. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

I also agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below listed address.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain original writing of my signature.

Witness

Signature (Including Maiden Name)

Date

Address:

Phone:

DOB:

SSN: