

Copy of
Drivers License

Georgia Bureau of Investigation
Georgia Crime Information Center
Consent Form

I hereby authorize **Morgan County Sheriff's Office and Redeemer Church of Madison** to receive any Georgia Criminal History Report information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

(Print) Full name

(Print) Any other name or names you have used.

(Print) Your physical address

Sex Race Height Weight Eye Color Hair Color Place of Birth

_____ _____
Date of Birth Social Security Number

SIGNATURE: _____

DATE: _____

CONTACT NUMBER: _____

Special employment provisions (check if applicable)

- ____ Job (purpose code E)
- ____ Employment with children (Purpose code W)
- ____ Expungement (Purpose code E)
- ____ Housing (Purpose code E)
- ____ Employment with mentally disabled (Purpose code M)
- ____ Employment with elder care (Purpose code N)
- ____ For other: _____

RECEIVED BY: _____ DATE: _____

SUBMITTED **BY:** _____ **MCSO/**