



CITY OF CHAMBLEE

POLICE DEPARTMENT  
R. Marc Johnson, Chief of Police

3518 BROAD STREET CHAMBLEE, GA 30341

### CHAMBLEE POLICE DEPARTMENT CRIMINAL HISTORY CONSENT FORM

I hereby authorize \_\_\_\_\_  
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')

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.

CH CLERK: \_\_\_\_\_ DATE: \_\_\_\_\_