

**CRIMINAL HISTORY RECORDS INFORMATION REQUEST
BACON COUNTY E-911 DEPARTMENT**

CHRI Consent Form Date Requested _____ Request expires in 30 days

Personal Authorization Section

I hereby authorize **Alma Bacon County Recreation Department** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

PLEASE PRINT LEGIBLY

Full Name (Required): _____
(last name) (first name) (m.i.)

Address _____

Social Security Number _____ - _____ - _____ Race _____ Sex _____

Date of Birth (Required): _____

(Signature)

REASON FOR BACKGROUND CHECK (please check one)

- Public/Private Employment _____
- Individual Inspections _____
- Housing/Apartment _____
- Licensing _____
- International Travel (passport) _____
- Nursing Home Employment _____
- Public Access (GA Felony Convictions Only) _____

Non-Criminal Justice Purposes: (Official use only)

E P W M N