



CITY OF CHAMBLEE

CITY OF CHAMBLEE POLICE
Kerry Thomas, Chief of Police

A State Certified Law
Enforcement Agency

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:

Address:

Sex:

Race:

Date of Birth:

Social Security Number:

Signature: _____

Today's Date:

Special employment provisions (check one if applicable):

- Employment with mentally disabled (Purpose code "M")
- Employment with elder care (Purpose code "N")
- Employment with children (Purpose code "W")

One of following must be checked:

- This authorization is valid for _____ 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.
- This authorization is valid for (1) time only from the date you entered

CH Clerk: _____ Date: