

# North Georgia College & State University

## Public Safety Consent Form

I hereby authorize Lori Brooksher with North Georgia College & State University's School of Education to receive any Georgia criminal history record information pertaining to me, which may be in the files of any state or local criminal agency in Georgia.

\_\_\_\_\_  
**Full Name (print)**

\_\_\_\_\_  
**Address (print)**

\_\_\_\_\_  
**Sex**

\_\_\_\_\_  
**Race**

\_\_\_\_\_  
**Height**

\_\_\_\_\_  
**Eyes**

\_\_\_\_\_  
**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')

\_\_\_\_ Other Employment \_\_\_\_ Real Est. Lic. \_\_\_\_ Housing (Purpose code 'E')

**One of the following must be checked:**

This authorization is valid for \_\_\_\_ 90 or \_\_\_\_ 180 (check one) days from the date of signature.

I \_\_\_\_\_ give consent to the above name to perform periodic criminal history background checks for the duration of my employment with this company.

**Requested B y:** \_\_\_\_\_

**Public Safety Office (USE ONLY)**

Operator \_\_\_\_\_

Purpose C \_\_\_\_\_ Date \_\_\_\_\_