



BALDWIN POLICE DEPARTMENT

CRIMINAL HISTORY AUTHORIZATION CONSENT FORM

I hereby authorize the Baldwin Police Department 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 and to disseminate them to Research Services 4 Brothers LLC.

Full Name (Print)

Other Names Used

Current Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Purpose Code for Employment: (Check Only One)

Employment with Mentally Disabled (Purpose Code M)

Employment with Elder Care (Purpose Code N)

Employment with Children (Purpose Code W)

Regular Employment or Housing (Purpose Code E)

_____ I _____, give consent for ongoing criminal history information to
(Initial Here) (Print Full Name)

be received by Baldwin Police Department and disseminated to Research Services 4 Brothers LLC,
during the hiring process and throughout my employment.