

**TO BE IN COMPLIANCE WITH GBI/GCIC POLICY,
EFFECTIVE IMMEDIATELY THE CONSENT
FORM PROVIDED MUST HAVE ALL INFORMATION
BELOW INCLUDED IN ORDER TO BE PROCESSED:**

- **FULL LEGAL NAME (AS IS ON DRIVERS LICENSE/ID)**
- **COMPLETE ADDRESS (STREET AND STREET #, CITY, STATE AND ZIP CODE)**
- **FULL SOCIAL SECURITY NUMBER**
- **DATE OF BIRTH**
- **SEX/GENDER**
- **RACE (IF UNKNOWN MUST BE MARKED U)**
- **CRIMINAL HISTORY RELEASE THAT WE HAVE PROVIDED**
- **SIGNATURE (IF ELECTRONIC, MUST HAVE DATE/TIME STAMP OR IP ADDRESS OR SHOW THE DIGITAL SOFTWARE)**
- **SIGNATURE DATE (EXPIRES IN 90 DAYS, UNLESS STATED OTHERWISE ON CONSENT)**
- **ONLY ONE PURPOSE CODE**



BALDWIN POLICE DEPARTMENT

CRIMINAL HISTORY AUTHORIZATION CONSENT FORM

I hereby authorize _____ to conduct an inquiry for
Agency/Company
the purpose listed below and receive any Georgia criminal history record information as authorized by
state and federal law.

Full Legal Name Only(Print)

Complete 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/Housing/Volunteer (Purpose Code E)

☐ This authorization is valid for _____ days from date of signature.

☐ I, _____, give consent to the above-named entity to
perform periodic criminal history background checks for the duration of my employment.