City of Kennesaw Police Department
2539 J.O. Stephenson Avenue
Kennesaw, GA 30144

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent for Criminal History

I hereby authorize Kennesaw Girls Softball Association 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.

_____
Last First Full Middle

Address _____

City _____ State _____ Zip _____

_____ _____ _____ _____-_____-_____
Sex Race Date of Birth Social Security Number

_____ _____ _____ _____ _____
Height Weight Hair Eyes Birthplace

_____ _____
Authorizing Signature Date

(Form must be filled out completely or it will be rejected)

Below is for Police Use Only

(Use purpose code "W" Employment with children)

One of the following must be checked:

No Record Found _____ (date) or Record Found _____ (date) (See Attached)

Employee Signature _____

☐ Approved ☐ Denied

Police Chief Signature _____