

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Consent Form**

I hereby authorize **SHARPSBURG YOUTH FOOTBALL 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.

\_\_\_\_\_  
Full Name (print) (LAST, FIRST, MIDDLE MAIDEN)

\_\_\_\_\_  
Address (CITY, STATE & ZIP)

\_\_\_\_\_  
Sex Race 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")

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

- This authorization is valid for (circle one) 90 or 180 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.

**NOTARY SEAL**

\_\_\_\_\_  
Notary Signature & Date