



Acworth Police Department Consent Form



I hereby authorize the Acworth Police Department to receive any criminal history record information pertaining to me, which may be in the files of any national state or local criminal justice agency. I hereby authorize the Acworth Police Department to release all criminal history record information received to: Summit Baptist Church care of Lee Gambrell.

Full Name (print)

Maiden Name / Previous Name / Alias

Street Address

City

State

Zip Code

Date of Birth

Social Security Number

Race:

- A – Asian, Asian Indians, & Other Non-White
- I – American Indian or Alaskan Native
- B – Black
- W – White (Includes Mexicans & Latins)
- U – Unknown / Other

Sex:

- Male
- Female

Signature

Date

Signed and sealed on the ____ day of _____, _____

Notary

Seal

Official Use Only

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')

GCIC Operator Signature

Date

Record Attached

- FBI Number Checked
- State ID Number Checked

No Record