

CONSENT FORM

LICENSE #

I hereby authorize Probate Court of Effingham County, Judge Beth Rahn Mosley to receive any criminal history record information pertaining to me which may be in files of any state or local criminal justice agency in Georgia.

Applicant's Name

Address City State Zip

Sex Race DOB Social Security Number

Height Weight Eyes Hair

Signature

Date

OFFICE USE ONLY *****

Check applicable box:

- Employment with criminal justice agency- civilian (Purpose code "J")
- Employment with criminal justice agency – P.O.S.T. CERTIFIED (Purpose code "Z")
- Firearms License (Purpose code "F")

One of the following must be checked:

- This authorization is valid for 90 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 agency.