

RE: ADOPTION FILE NO. \_\_\_\_\_

**CONSENT FORM**

I hereby authorize Judge \_\_\_\_\_, of the Superior Court of Gwinnett County,  
to receive any 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 Printed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex      Race      Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

Signed in the presence of: