



Nathan Deal, Governor

Clyde L. Reese, III, Esq., Commissioner

Georgia Department of Human Services • Office of Inspector General
Two Peachtree Street, NW • Suite 30.450 • Atlanta, GA 30303 • 404-463-5495 • 404-463-5496 (Fax)

**Georgia Crime Information Center
Department of Human Services
Consent Form for Purchasing Card**

I hereby authorize the Georgia Department of Human Services 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)

Address

_____/_____/_____/_____
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')
☒ Other non-criminal Justice Purposes (Purpose code 'E')

☒ This authorization is valid for 90/180/_____ (circle one) 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.

To be completed by DHS:

Name of DHS Organizational Unit

Contact Person

Telephone Number

Fax Number

Email Address