



**City of Duluth Police Department**  
**3578 West Lawrenceville Street**  
**Duluth, Ga.30096**  
**PHONE 770-623-2771 FAX 770-814-3002**

**PERIODIC CHECK CONSENT FORM**

I authorize the Duluth Police Department to obtain any Criminal History Record information pertaining to me, which may be in the files of any state or local criminal justice agency. I release all persons, including government agencies from any liabilities or damages for having furnished such information in good faith. A telephonic facsimile or photographic copy of this authorization shall be as valid as the original.

**Reason for criminal records check (check one of the following):**

- Providing care to children.
- Providing care to the elderly.
- Providing care to mentally ill.
- Any other job/ reason \_\_\_\_\_

I hereby authorize

Company Name: \_\_\_\_\_

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

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

This authorization is valid for  90 Days  180 Days from the 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

**Photo I D**

**Drivers License**

\_\_\_\_\_  
Full Name Printed

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Date of Birth                      Social Security

\_\_\_\_\_  
Sex                                      Race

\_\_\_\_\_  
Signature                              Date