



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