

AUTHORIZATION FOR RELEASE OF INFORMATION

Please print clearly all requested information.

First Name		Middle Name		Last Name	
Date of Birth_		Social Security	Number		
Address				Apartment #_	
City		St	ate	Zip Code	
Position Apply	ring For				
Telephone Nur	mber				
previous emplo persons, and ed	oyers or to conta ducational institu	ct schools, companies, cions to supply any inform	eredit bureaus, c mation concernir	- , -	nt agencies,
•	s to the following Ch	sion for the release of a HR Management Repre- nief Human Resources (Human Resources Coor	sentatives: Officer: Bridge		missible by
I fully understa	and the terms of t	his release and that the in	nformation I have	e provided is accurate, true a	and correct.
Executed this _	(Date)	day of(<i>Month</i>)	, 20, a (<i>Year</i>)	t	
	(City))		(State)	·	
Ву:		(Signature)			
·	Public Signatur			Date	



Georgia Crime Information Center

CONSENT FORM

record	=	•	•		-	a criminal history cal criminal justice
———Full N	ame (PRINT)					·
Addre	SS					·
City				State	Zi	p Code
Sex		Race	Date of Bi	rth	Social Security N	 lumber
 Signat	ure				Date	·
Specia	Employment Employment	t with Elder Care	ck if Applicable) isabled (Purpose ((Purpose Code 'N 'urpose Code 'W')	")		
One o	f the followin	g must be checke	d:			
Return	I,	odic history back			nys from date of sig give consent to the on of my employme	ne above named to