

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize Noonday Association and associated churches 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: (Print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

CRIMINAL HISTORY REPORT

A CRIMINAL HISTORY RECORD CHECK WAS PERFORMED ON THE SUBJECT INDICATED ON THE REVERSE SIDE OF THIS FORM.

IDENTIFIABLE RECORDS WERE LOCATED IN:

- LOCAL CRIMINAL FILES
- STATE OF GEORGIA CRIMINAL FILES
- FEDERAL CRIMINAL FILES

NO IDENTIFIABLE RECORDS WERE LOCATED IN:

- LOCAL CRIMINAL FILES
- STATE OF GEORGIA CRIMINAL FILES
- FEDERAL CRIMINAL FILES

ADDITIONAL NOTES:

SIGNATURE OF PERSON PERFORMING THE CHECK

TITLE

DATE