

Criminal History Record

Consent Form

I hereby give Tift County CONTINUING permission and authority to receive any criminal history record information pertaining to me, which may be in the files of the City, Tift County, the State of Georgia, or of the United States. [See section 6-66, Paragraph 17, Subsections (2) (3) and (4) of the Code of Ordinances of Tift County, Georgia.]

In the event of the termination of my association with the business with which this document is a part of, my consent will automatically be rescinded.

Business Name

Full Name – Please Print

Home Address

City

State

Zip

County

Sex

Race

Date of Birth

Social Security Number

Signature

Date

I hereby certify that _____ [] is personally known to me, or [] has provided _____ as proof of identification, that he/she signed his/her name to the above consent form after stating to me that he/she knew and understood all information provided therein, and, under oath actually administered by me, has sworn that said information is true and correct this _____ day of _____, 20_____.

Notary Public

_____, 20_____
Notary Expiration Date