

City of Kennesaw Police Department
2539 J.O. Stephenson Avenue
Kennesaw, GA 30144

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent for Criminal History

I hereby authorize NGAUA to receive any Georgia criminal history record information pertaining to me, which may be in files or any state or local criminal justice agency in Georgia.

Last First Full Middle

Address_____

City_____

Sex Race Date of Birth Social Security Number

Height Weigh Hair Eyes Birthplace

Authorizing Signature Date

(Form must be filled out completely or it will be rejected)

Below is for Police use Only

(Use purpose code "W" Employment with children)

One of the following must be checked:

No Record Found _____ or Record Found _____ (See Attached)

Employee Signature_____

_____ Approved _____ Denied

Police Chief Signature_____