Scerling

Georgia Bureau of Investigation Georgia Crime Information Center

Name-Based Criminal History Record Information Consent Form

I hereby authorize <u>Sterling Infosystems, Inc dba Sterling</u> to conduct a criminal history background check and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia. A criminal history background check will be conducted.

CALE	EB NININ	D	
Full Name			
108 ELEANORA PARK, LOGANVILLE, GA 30052			
Address			
MALE BLE	rik 06/	129/1984	730-86-1887
Sex Rac	e Dat	e of Birth	Social Security Number
Signature Date			
Special employment provisions (check if applicable): Employment with mentally disabled (Purpose code 'M') Employment with elder care (Purpose code 'N') Employment with children (Purpose code 'W') Employment - Provides Georgia Criminal History Records Information (Purpose code 'E')			
One of the following must be checked:			
□This authorization is valid for 90/180/ (circle one) days from date of signature. □1,			