

# CONSENT FORM

This form must be filled out completely in order to apply

I hereby authorize **Statesboro - Bulloch County Parks and Recreation Department** 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): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Below this line is for Sheriff's Department use only



( ) No Record on File

( ) Record on File

Copy of record attached to consent form (Yes or No)

\_\_\_\_\_  
Deputy's Signature

Initials: \_\_\_\_\_

Date: \_\_\_\_\_