FIRST BAPTIST
BRUNSWICK
MINISTERING IN THE EXCELLENCE OF CHRIST

CONSENT FORM

I hereby authorize _____of **First Baptist Church, Brunswick** to receive any criminal history record information pertaining to me that may be on the file of any State and/or Local criminal justice agency in Georgia.

Full name - printed:	Address:	Sex:	Race:
Date of Birth:	Social Security Number:	Height:	Weight:

Place of Birth:	Employer:
Name of Business:	Address of Business:

Reason for Request

(Please check all that apply)

Providing care to: Children (Code W)
Elderly (Code N)
Mentally Ill (Code M)
Employment (Code E)
Other_____

_____
Applicants Signature Date

Sworn to and subscribed before me this _____day of_____.

_____
Notary Public

To be completed by Sheriff's Office Personnel

Yes/No record as of_____

Signature_____

********DISCLOSURE OF CRIMINAL HISTORY CHECK********

If the contents of this record have an adverse effect on a decision to employ, license or house, then the contents of this record and the effect it had upon the decision must be disclosed. Failure to provide all such information to the person in question is a misdemeanor as provided by Georgia law.