

LAURENS COUNTY LAW ENFORCEMENT CENTER
511 Southern Pines Road
Dublin, Georgia 31021

Georgia Bureau of Investigation
Georgia Crime Information Center

I hereby authorize ***Laurens County School System*** to receive any Georgia 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: _____

Street Address: _____

(City)

(State)

(Zip Code)

Date of Birth: _____ Sex: _____ Race: _____

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")

One of the following must be checked:

This authorization is valid for 90/180/_____ days from date of signature.

I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment.