

**GEORGIA STATEWIDE (CHAMBLEE POLICE DEPARTMENT)
CRIMINAL HISTORY CONSENT FORM**

I hereby authorize ADP Screening and Selection Services to receive any criminal history record information pertaining to me which may be in the files of any state or any local criminal justice agency in the State of Georgia.

Full Name (Printed)

Street Address

City, State & Zip Code

Date of Birth

Social Security Number

Sex

Race

Signature

Date of Request