

DEKALB COUNTY CHILD ADVOCACY CENTER



4309 Memorial Drive
Decatur, Georgia 30032
404-294-2646 Office
404-294-2658 Fax

The Honorable Burrell Ellis
CEO

Trenny Stovall
Director

CRIMINAL HISTORY CONSENT FORM

- ___ Purpose Code "W": Designated for criminal history inquiries on applicants for employment providing care to children.
___ Purpose Code "N": Designated for criminal history inquiries on applicants for employment providing care to the elderly.
___ Purpose Code "M": Designated for criminal history inquiries on applicants for employment providing care to the mentally ill.

I hereby authorize _____ 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.

_____	_____	_____	_____
Last	First	Middle	(Maiden)
_____		_____	_____
Address		City	State Zip
_____	_____	_____	_____
Sex	Race	Date of Birth	Social Security Number
Signature: _____		Date: _____	

(Not valid after more than 90 days)

TO BE COMPLETED AND SIGNED BY CENTRAL RECORDS SECTION PERSONNEL ONLY

As of the _____ Day of _____, 20__, at _____ Hours: The above named individual has **NO CRIMINAL HISTORY RECORD** within the files of the Georgia Crime Information Center computerized files. This statement of NO RECORD carries the same weight as any dissemination of criminal history record information.

Processed By: _____
Signature Title Date

As of the _____ Day of _____, 20__, at _____ Hours: The above named individual has a **CRIMINAL HISTORY RECORD** within the files of the Georgia Crime Information Center computerized files. This statement of RECORD consists of _____ pages. See attached printout(s)

Processed By: _____
Signature Title Date

RETURN ALL RECORDS TO THE DCCAC ATTENTION: MELISSA BELL, 404-294-2335.
PLEASE CALL WHEN THE RECORDS ARE AVAILABLE FOR PICK-UP. THANK YOU.