

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I hereby authorize **First Baptist Church** 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 Printed

Current Address

M / F _____ / / _____ - - _____
Sex Race Date of Birth Social Security Driver's License

States you have resided in the last 7 years

State

Years

State

Years

State

Years

State

Years

Signature

Date

Sheriff's Department Use only:	
GA Criminal Record: Yes _____	No _____
SID# _____	
_____	_____
Inquiry made by	Date