



DAVID L. LYONS  
CHIEF OF POLICE

# Garden City Police Department

100 MAIN STREET  
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GARDEN CITY, GEORGIA 31418-7548



PHONE (912) 966-7770  
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## CRIMINAL HISTORY CONSENT FORM

I hereby authorize Garden City Police and \_\_\_\_\_ to receive any CRIMINAL HISTORY INFORMATION contained in the files of the Garden City Police Department or any agency that the Garden City Police Department has access to through the GEORGIA CRIME INFORMATION CENTER that pertains to me. The undersigned also hereby releases the MAYOR and COUNCIL MEMBERS of the CITY of GARDEN CITY, its agents, officers, servants, and employees of and from any actions whatsoever, arising out of or relating to the release of the requested information. This information is released in accordance with O.C.G.A. 35-3-34.

Print Last Name: \_\_\_\_\_

Print First Name: \_\_\_\_\_

Print Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Do not sign this form until you have read it completely and understand that you are giving your consent to have your criminal history released to the agency, business or the person designated above. This consent form will expire after 180 days from the date of signing of form by Applicant.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public (Signature)

Sworn to and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

(SEAL)

ARN \_\_\_\_\_