CITY OF SMYRNA POLICE DEPARTMENT
CRIMINAL HISTORY CONSENT FORM

Please print neatly. If your information cannot be read you will be asked to fill out another consent form which will take an additional 48 hours to process. Do not change, strikethrough, or white out any information. If a change or correction is necessary, a new consent form must be completed.

Section 1: Authorization

I hereby authorize the City of Smyrna Police Department to process my criminal history record information and release any information pertaining to me which may be in the file of any state or local criminal justice agency to the individual I have specified below.

If this information is being released to a business, agency, or organization, the City of Smyrna Police Department must have a *specific* person's name at the business, agency, or organization and the *address* and *title* of the business, agency or, organization.

Please release my criminal history record information to:

City of Smyrna
Human Resources Department
2800 King Street, Smyrna, GA 30080

Section 2: Reason

This report will be used for employment purposes only.

Position applied for: _____ Department: _____

Does position with work children or elderly? _____Yes _____No

If Yes, please indicate which one: _____Children _____Elderly

Section 3: Personal Information

This consent for criminal history expires **90 days** after being signed by the person whose record is sought.

_____
Full Name: First, Middle, & Last PLEASE PRINT LEGIBLY

_____
Street Address **City** **State** **Zip Code**

_____ _____ _____ _____
Date of Birth **Sex** **Race** **Social Security Number**

_____ _____
Your Signature **Date**

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Section 4: Results

If an employment, licensing, housing, or other decision adverse to the record subject is made, the individual or agency making the adverse decision must inform the record subject of all information pertinent to that decision. This disclosure must include that a criminal history record check was made, specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information is a misdemeanor under Georgia law. (O.C.G.A. 35-3-34, 35-3-35)
Use of information disseminated shall be limited to the purpose for which it was intended. The information may not be disseminated further.

Section 5: Agency Use Only

Date Processed: Operator Initials: Date sent to HR:

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Revised 10/2010