

BACKGROUND DATA

Criminal History Authorization Consent Form

I hereby authorize Background Data, Inc to conduct an inquiry for
Agency/Company
the purpose listed below and receive any Georgia criminal history record information as authorized by
state and federal law.

Full Legal Name Only(Print)

Current Address

Sex/Gender

Race

Date of Birth

Social Security Number

Signature

Date

Purpose Code for Employment: (Check Only One)

☐ Employment with Mentally Disabled (Purpose Code M)

☐ Employment with Elder Care (Purpose Code N)

☒ Employment with Children (Purpose Code W)

☐ Regular Employment/Housing/Volunteer (Purpose Code E)

☐ This authorization is valid for 90 days from date of signature.

☐ I, _____, give consent to the above-named entity to
perform periodic criminal history background checks for the duration of my employment.