

# 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.