# City of Kennesaw Police Department
# 2539 J.O. Stephenson Avenue
# Kennesaw, GA 30144

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent for Criminal History

I hereby authorize **Kennesaw Youth Football Association** to receive any Georgia criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia?

_____
Last First Full Middle

Address _____

City _____ State _____ Zip _____

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

_____ _____ _____ _____ _____
Height Weight Hair Eyes Birthplace

_____ _____
Authorizing Signature Date

## (Form must be filled out completely or it will be rejected)

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**Below is for Police Use Only**

**(Use purpose code "W" Employment with children)**

One of the following must be checked:

No Record Found _____ or Record Found _____ (See Attached)
(date) (date)

Employee Signature _____

Approved Denied

Police Chief Signature _____