

**WALTON COUNTY SHERIFF'S OFFICE
CONSENT FORM**

I hereby authorize _____ with _____
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.

Full Name (Print)

Full Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

If you are applying for employment with children, elderly, or mentally disabled, please check
one of the following:

_____ Employment with mentally disabled (Sheriff's Office use—purpose code M)

_____ Employment with elder care (Sheriff's Office use---purpose code N)

_____ Employment with children (Sheriff's Office use---purpose code W)

ONE OF THE FOLLOWING MUST BE CHECKED

_____ **This criminal history is only valid for 90/180/_____ days from date of signature
(circle one) (fill in)**

_____ **I, _____, give consent to the above named to
perform periodic criminal history background checks for the duration of my employment
with this company.**

Received By

Date