

**ROCKDALE COUNTY SHERIFF'S OFFICE**  
**GEORGIA BUREAU OF INVESTIGATIONS**  
**GEORGIA CRIME INFORMATION CENTER (G.C.I.C.)**  
**CONSENT FORM**



PLEASE PRINT CLEARLY

I hereby authorize		<b>FINISH LINE TOWING LLC</b>						
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: (First, Middle, Last)								
Street Address:								
City:					State:		Zip:	
Sex:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Race:			
Date of Birth: (mm/dd/yyyy)								
Social Security Number:								
Signature:								
Date:								
<b>Special Employment provisions (check if applicable):</b>								
<input type="checkbox"/>	<input type="checkbox"/>	Employment with mentally disabled (Purpose code "M")						
<input type="checkbox"/>	<input type="checkbox"/>	Employment with elder care (Purpose code "N")						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Employment with children (Purpose code "W")						
<input type="checkbox"/>	<input type="checkbox"/>	Vendor or contractor at a criminal justice agency, who are NOT involved with the actual administration of criminal justice at the agency (Purpose code "C")						
<input type="checkbox"/>	<input type="checkbox"/>	Employment with firefighter agency, public/private agency, licensing, adoption/foster parent, individual records, public housing (Purpose code "E")						
<b>ONE OF THE FOLLOWING MUST BE CHECKED:</b>								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	I, the above signed, do give consent to the above named person/company/agency to perform periodic criminal history checks for the duration of my employment with person/company/agency.						
<input type="checkbox"/>	<input type="checkbox"/>	This authorization is valid for 90 days from date of signature.						
<input type="checkbox"/>	<input type="checkbox"/>	This authorization is valid for 180 days from date of signature.						
<input type="checkbox"/>	<input type="checkbox"/>	This authorization is valid for _____ days from the date of signature.						
Notary Public:								
Commission Expires:								