

# CONSENT FORM

I hereby authorize the Hinesville Police Department and the City of Hinesville Business License Department to receive any Criminal or Driver's History record information pertaining to me which may be in the files of any State or Local Criminal Justice Agency in Georgia.

\_\_\_\_\_  
FULL NAME: (LAST, FIRST, MIDDLE)

\_\_\_\_\_  
MAILING ADDRESS:

\_\_\_\_\_  
CITY:

\_\_\_\_\_  
STATE:

\_\_\_\_\_  
ZIP:

\_\_\_\_\_  
SEX:

\_\_\_\_\_  
DOB MONTH/DAY/YEAR:

\_\_\_\_\_  
RACE:

\_\_\_\_\_  
SSN:

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DATE:

Notarized this \_\_\_\_ Day of \_\_\_\_\_, in the State of \_\_\_\_\_,

County of \_\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Commission Expires

**FEE FOR CRIMINAL HISTORY CHECK: \$20.00 PER PERSON OR PER CORPORATION MEMBER (MAKE COPIES IF NEEDED)**

HOW PAID	X	AMOUNT
Check		
Cash		
Money Order		
Cashier's Check		

\_\_\_\_\_  
RECEIVED BY:

\_\_\_\_\_  
DATE: