

CONSENT FORM

I HEREBY AUTHORIZE THE OGLETHORPE COUNTY COMMISSIONERS AND THE OGLETHORPE COUNTY RECREATION DEPARTMENT TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

I MUST ALSO SUPPLY A COPY OF MY DRIVERS LICENSE.

FULL NAME PRINTED

ADDRESS

DATE OF BIRTH

SOCIAL SECURITY NUMBER

SEX RACE

SIGNATURE

DATE