

**CRIMINAL HISTORY CONSENT FORM
PROCESSED BY CHAMBLEE POLICE DEPARTMENT**

All-Tournament Players Park

I hereby authorize All-Tournament Players Park 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)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions:

Employment with children (Purpose code "W")

One of the following must be checked:

This authorization is valid for 90 / 180 / _____ (circle one) days from date of signature.

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

CH CLERK: _____

DATE: _____