



Place Photo ID Here

VIA Hand Delivery Only

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent for Criminal History for Kennesaw Sports Association

I hereby authorize **Kennesaw Baseball Association** 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.

Last First Full Middle

Street Address

City State Zip Code

Sex Race Date of Birth Social Security Number

Height Weight Hair Eyes Birthplace

Authorizing Signature Date Contact Phone #

(FORM MUST BE FILLED OUT COMPLETELY OR IT WILL BE REJECTED)

Below is for Police Use Only

(Use purpose code "W" Employment with Children)

One of the following must be checked:

No Record Found _____ or Record Found _____ (see attached)
(Date) (Date)

Employee Signature _____

Recommended

Not Recommended

Chief or Designee's Signature _____