

## CHAMBLEE POLICE DEPARTMENT CRIMINAL HISTORY CONSENT FORM

I hereby authorize **DATA FACTS, INC.** to receive any criminal history record information pertaining to me which maty be in the files of any state or local criminal justice agency within the State of Georgia.

Last Name	First Name	First Name	
If applicable, list other names used	d in the past (including	g maiden names)	
Current Physical Address (No P.O	. Boxes)		
City	State	Zip Code	
Date of Birth (MM/DD/YYYY)	 Social Sec	 urity Number	_
Sex Rac	e/Ethnicity		
Signature		 Date	