



Criminal History Record Information Consent/Inquiry Form General Admission

I hereby authorize the SGSC Police Department to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)	Click or tap here to enter text.		
Address	Click or tap here to enter text.		
Race	Sex	Date of Birth	Social Security Number
Click or tap here to enter text.	<input type="checkbox"/> Male <input type="checkbox"/> Female	Click or tap to enter a date.	Click or tap here to enter text.

I, Enter Your Name Here, give consent to the above-named entity to perform a criminal history background check to determine my eligibility to attend SGSC. This authorization is valid for **30** days from the date of signature. Permission is granted to submit results to the SGSC Admissions Office.

Signature	Click or tap here to enter text.	Date	Click or tap to enter a date.
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INSERT YOUR STATE DRIVERS LICENSE OR IDENTIFICATION BELOW

