



Georgia Bureau of Investigation
Georgia Crime Information Center

I hereby authorize **Kids R Kids #23** 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 and nationwide.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employee provisions:

Employment with children (Purpose code "W")

One of the following must be chosen:

1. This authorization is valid for 90/180/___ (circle one) days from date of signature
2. I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.