



Georgia Department of Behavioral Health and Developmental Disabilities

Consent for Release of Information

I hereby authorize the **Georgia Department of Behavioral Health and Developmental Disabilities** to receive any Georgia Criminal History Record Information (CHRI) pertaining to me which may be in the files of any state or local Criminal Justice Agency in Georgia.

Please Print

Last _____, First _____ MI _____

Street Number and Name City State Zip

Date of Birth Sex Race Height Weight

Social Security Number

This consent form is valid for periodic criminal history background checks during the duration of my employment or training with the Department of Behavioral Health and Development Disabilities.

Special Employment or Training Provisions

Employment or Training with Mental Health (**Purpose Code M**)

Signature

Date