

Consent Form
(Must accompany all regulatory license request)

I _____ hereby authorize the **City of LaGrange** to receive any criminal history record information pertaining to me which may be in the files of any State or local criminal justice agency in Georgia.

Full Printed Name of Applicant

Address

City, State, Zip

The following information is required in order to obtain a criminal history. The City of LaGrange does not discriminate regarding age, gender, or ethnic background.

Sex

Ethnicity

Date of Birth

Social Security Number

Signature of Applicant

Notary Signature

Date

(Seal)