



Protect My Ministry
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Georgia Criminal History Consent Form

I hereby authorize Protect My Ministry, to receive any CRIMINAL HISTORY record information pertaining to me, which may be in the files of the state or any local criminal justice agency within the state of Georgia.

Print complete name: Last, First, Middle

Any maiden names, or names used in the past

Street address

City, State, & Zip code

Date of Birth

Social Security Number

Sex and Race

Date of request

I _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company/organization.

Signature _____