



SERVICE REQUEST SHEET

CLIENT INFORMATION

Company Name: _____

Contact: _____

Phone: (_____) _____ Fax: (_____) _____

Applicant _____

SERVICES REQUESTED

****PLEASE PRINT CLEARLY****

___ Social Security Number Trace / Verify

___ Credit Report

___ Motor Vehicle Report: (State / DL #) _____

___ Criminal Records Search: Location(s) ALL FOUND ___ or specify below _____:

State(s): _____

County(s): _____

City(s): _____

Federal: _____

Sex Offender: _____

International: _____

(specify country and location within country (province, region, city))

___ Civil Records Search: Location(s) ALL FOUND ___ or specify below _____:

State(s): _____

County(s): _____

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize _____
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.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

One of the following must be checked:

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