

UNION COUNTY EMA/FIRE DEPARTMENT

CONSENT FORM

CRIMINAL AND DRIVER'S HISTORY RECORD

Full Name Printed: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Race: _____ Sex: M / F

License #: _____ Social Security #: _____

Requestor Information

Name: R. David Dyer, Fire Chief
Facility: Union County Fire Department
Address: 507 Shoe Factory Rd.
City: Blairsville State: Georgia Zip: 30512
Phone: (706)-439-6095 Fax: (706)-439-6087

By signing below, I, _____, hereby give consent to the above requester to access and receive criminal and driver's history pertaining to me which may be in the files of any state or local criminal agency in Georgia. I do avow that all information given is accurate and true to the best of my knowledge.

I further authorize the above requester to review my criminal and/or driver's history at any time during my association with the department. I understand that the information is gathered for the purpose of a background investigation and that only authorized personnel shall view or have knowledge of my criminal and/or driver's history. I also understand that all criminal and driver's history records shall be disposed of or stored according to Union County Fire Department policy and Georgia State Law.

Signature: _____ Date: _____

Notary Signature: _____ Date: _____