



**City of Duluth Police Department**  
**3276 Buford Highway**  
**Duluth, Ga.30096**  
**PHONE 770-623-2771 FAX 770-814-3002**

**PERIODIC CHECK CONSENT FORM**

I authorize the Duluth Police Department to obtain any Criminal History Record information pertaining to me, which may be in the files of any state or local criminal justice agency. I release all persons, including government agencies from any liabilities or damages for having furnished such information in good faith. A telephonic facsimile or photographic copy of this authorization shall be as valid as the original.

**Reason for criminal records check (check one of the following):**

- Providing care to children: (Purpose Code ("W"))
- Providing care to the elderly: (Purpose Code ("N"))
- Providing care to mentally ill: (Purpose Code ("M"))
- Any other job/ reason \_\_\_\_\_

I hereby authorize

Company Name: Trusted Hands Senior Care, LLC.

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

**One of the following must be checked:**

This authorization is valid for  90 Days  180 Days from the 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

**Photo I D**

\_\_\_\_\_  
Full Name Printed

\_\_\_\_\_  
Street Address

**Drivers License**

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date