



Sheriff H.W. "Billy" Hancock

Chief Deputy Denise Youngblood

GEORGIA DRIVER'S HISTORY CONSENT FORM

I hereby authorize the _____

(Law Enforcement / Fire Department Agency Name)

to receive a copy of my Georgia Driver's History information as part of my Application for Criminal Justice Employment or for use relative to the performance of my official duties with this Agency.

Full Name (Print)

Address

City / State / Zip

Sex

Date of Birth

Driver's License Number

Signature

Date