**Fingerprinting/Criminal History Consent Form**

Please complete this form legibly and in its entirety. Information from this form will be submitted to GAPS (Georgia Applicant Processing Services) to register you for fingerprinting.

Last Name --------------------------------------------First Name--------------------------------------------------

Middle Name **-------------------------------**Suffix------- Date of Birth ------------------

SSN **-------------------------------------------** Place of Birth (city & state) **----------------------------------------**

 Sex\_\_\_\_\_\_\_ Race\_\_\_\_\_\_Eye Color \_\_\_\_\_\_\_Hair Color\_\_\_\_\_\_Height \_\_\_\_\_Weight\_\_\_\_\_\_

 Country of Citizenship**\_\_\_\_\_\_\_\_\_\_\_\_** Driver's License No State \_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip code Phone #

**I hereby authorize Mary Hall Freedom House, Inc., my potential employer, to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reminder: You must take the registration ID number along with your driver’s license or photo id to the fingerprinting location.**