

Lowndes County Sheriff's Office
Criminal History Search
Consent Form



I hereby authorize Bethany Hospice 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 City State Zip Code

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')

Notary Public, _____ County, GA

My Commission Expires _____.

Signature