

CORPORATE SERVICES MANAGEMENT

APPLICANT INFORMATION RELEASE CONSENT FORM

I hereby authorize Corporate Services Management and /or its authorized agents to:

REQUEST AND OBTAIN ANY 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 (in bold CAPS) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

.....  
Completed by CSM Manager:

JOB SITE: \_\_\_\_\_

REQUESTED BY (print name): \_\_\_\_\_

COMPANY ACCOUNT # 141142