



THUNDERBOLT POLICE DEPARTMENT

DRIVER / CRIMINAL HISTORY CONSENT FORM

I, (PRINT FULL NAME) _____, do hereby authorize the Thunderbolt Police Department to receive any criminal and/or driver history record information pertaining to me which may be in the files of any States and local criminal justice agency in Georgia.

First Name:

Middle Name (no initials):

Last Name:

Maiden Name:

Address:

City:

State and Zip Code

Race: Sex: DOB: / / Social Security Number:

(OLN)Driver's License Number: (LIS) State

Applicant Signature:

Date:

Signature of Terminal Operator:

Date of Inquiry:

NOTARY PUBLIC

DATE

{{SEAL}}