

# Research Services 4 Brothers LLC

**Baldwin Police Department**  
**155 Willingham Avenue**  
**Baldwin, Georgia 30511-0247**



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*Pride and Professionalism*

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I HEREBY AUTHROIZE BALDWIN POLICE DEPARTMENT 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

\_\_\_\_\_  
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)

\_\_\_\_\_ REGULAR EMPLOYMENT/HOUSING

\*\*\*\*\*CONSENTS ARE VALID FOR 90 DAYS ONLY FROM SIGNATURE DATE\*\*\*\*\*

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
PHONE NUMBER