



CONGREGATION

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# BETH YESHUA

A Messianic Community in Macon, Ga.

## CRIMINAL HISTORY CONSENT FORM

I hereby authorize Congregation Beth Yeshua to receive any criminal history record information pertaining to that which may be in the files of any state or local criminal justice agency.

\_\_\_\_\_  
Print Full Name (First, Middle, Last)

\_\_\_\_\_  
List any other last names you have used in the past.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
DOB

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

***\*Copy of driver's license must be attached to this form.\****

Post Office Box 26507, Macon, Georgia 31221  
Office Phone: 478-471-9955    [www.BethYeshua.com](http://www.BethYeshua.com)

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Consent Form for State Wide Check**

I hereby authorize **The Macon Police Department Central Records Unit** 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

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
M/F

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

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

Please mark the appropriate type of Identification presented

Drivers License

Other Picture ID-Specify \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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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')

Please get prior approval from individuals giving consent for you to receive the results of their Criminal History report.

I, \_\_\_\_\_ give ROSE COAR permission  
(Signature of Individual Giving Consent) (Name of Person Receiving Results)  
to receive the results of my Criminal History Record Check.