

**AUTHORIZATION AND RELEASE FORM**

I, \_\_\_\_\_, having applied for employment, do hereby  
(Please Print)

authorize ALL FACTS, INC. to obtain any information regarding my credit, traffic information, including history of violations and status of Driver's License, education history, and employment history including evaluations. Said information is to be released to ALL FACTS, INC., for dissemination to \_\_\_\_\_. I further release and hold harmless any employee of ALL FACTS, INC., and any business or individual who supplies said information, from any liability resulting from dissemination of said information.

Driver's Lic. No. \_\_\_\_\_ State \_\_\_\_\_ \*Sex \_\_\_\_\_

**PLEASE PROVIDE A COPY OF  
YOUR DRIVERS LICENSE**

Date of Birth \_\_\_\_\_ \*Race \_\_\_\_\_

Social Security Number \_\_\_\_\_ \*Place of Birth \_\_\_\_\_

Other Names (Maiden/Aliases)/Dates \_\_\_\_\_

How many years have you lived in Georgia? \_\_\_\_\_

Addresses (past 7 years), Present: 1. \_\_\_\_\_  
Including ZIP CODES \_\_\_\_\_  
(Please Print) 2. \_\_\_\_\_  
(any additional please list on back of form) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ 3. \_\_\_\_\_  
\_\_\_\_\_ 4. \_\_\_\_\_

Date \_\_\_\_\_

\*Required for criminal record identification purposes only.

**CONSENT FORM**

I hereby authorize ALL FACTS, INC./\_\_\_\_\_ to receive any criminal history record information pertaining to me which may be in the files of any State or local criminal justice agency in Georgia or any other State.

Signature of Applicant \_\_\_\_\_

Notary \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

All Facts, Inc.  
Atlanta, Georgia  
(404) 257-3335  
(404) 257-9500 Fax

# All Facts, Inc.

## CRIMINAL HISTORY AUTHORIZATION CONSENT FORM

I hereby authorize \_\_\_\_\_ to conduct an inquiry for  
**Agency/Company**  
the purpose listed below and receive any Georgia criminal history record information as authorized  
by state and federal law.

\_\_\_\_\_  
Full Legal Name Only(Print)

\_\_\_\_\_  
Complete Current Address

\_\_\_\_\_  
Sex/Gender

\_\_\_\_\_  
Race

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Purpose Code for Employment: (Check Only One)**

Employment with Mentally Disabled (Purpose Code M)

Employment with Elder Care (Purpose Code N)

Employment with Children (Purpose Code W)

Regular Employment/Housing/Volunteer (Purpose Code E)

This authorization is valid for \_\_\_\_\_ days from date of signature.

I, \_\_\_\_\_, give consent to the above-named entity to  
perform periodic criminal history background checks for the duration of my employment.