



## Background Check Consent

I hereby authorize **PreCheck, Inc.** to conduct an inquiry for the purpose listed below and receive and Georgia and/or national criminal history record information as authorized by state and federal law.

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Full Name

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Address

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Sex	Race	Date of Birth	Social Security Number
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This authorization is valid for \_\_\_\_\_ days from the date of signature.

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

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Signature

Date

**Purpose Code Used:** (check one)

- E - Employment
- M - Working with mentally disabled
- N - Working with elderly
- W - Working with children

The inquiry resulted in the following: