

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

**Consent Form**

I, \_\_\_\_\_ hereby authorize **AmRent** to receive any Georgia criminal history record information pertaining to myself, which may be in the files of any state or local criminal justice agency in the state of Georgia.

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Full Name (print)

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Street Address

City

State

Zip

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Date of Birth

Social Security Number

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Signature

Date