



STATE OF GEORGIA
DEPARTMENT OF DEFENSE
 MILITARY DIVISION
 STATE DEFENSE FORCE
 PO BOX 17965
 Atlanta, GA 30316-0965



SUBJECT: CRIMINAL INVESTIGATION CONSENT FORM

I hereby authorize the Georgia State Defense Force, (Unit Name) _____
 to receive any criminal history information pertaining to me, which may be in the files of any state
 or local criminal justice agency in Georgia.

1. FULL NAME: _____
2. ADDRESS: _____
3. CITY: _____
4. STATE: _____
5. ZIP CODE: _____
6. SEX: _____ RACE: _____ D.O.B.: _____
7. SOCIAL SECURITY NUMBER (SSN): _____
8. HEIGHT: _____ WEIGHT: _____
9. COLOR EYES: _____ COLOR HAIR: _____
10. REMARKS: _____



 Date of Signature

 Signature of Applicant