THE HOUSING AUTHORITY OF COLUMBUS, GEORGIA CONSENT FORM

Sec. Sec.

I hereby authorize THE HOUSING AUTHORITY OF COLUMBUS, GEORGIA to receive any Criminal History Record Information pertaining to me which may be in the files of any State or Local Justice Agency in Georgia.

- 1. Credit Report History
- 2. Criminal History Record

14.9.2 · · · · · ·

- 3. Information regarding Fraud Investigations
- 4. Education Record
- 5. Employment History

I expressly release ScreeningWorks Pro/and or the Columbus Police Department from any and all liability claim relating to the acquisition and release of any information pertaining to me.

CLIENT #

FULL NAME PRINTED:							
ADDRESS:							
	STREET		CITY		STATE		ZIP
SEX (F-FEMA	ALE, M-MALE) :		-	HEIGHT	<u>-</u>		-
RACE (1-WHITE, 2-BLACK) :		<u> </u>	_	WEIGHT	<u>-</u>		-
BIRTHDATE:		<u> </u>			_		
SOCIAL SECU	JRITY NUMBER:				-		
DRIVER'S LICENSE, STATE & NUMBER							
PREVIOUS STATES OF RESIDENCY							
SIGNATURE:							_
DATE:				_			
			5	_			
WITNESS					~ ,		
	1180 Martin Luth F.	er King Blvd * C AX (706) 571- 2			706) 571-2873		

Equal Opportunity in Housing, Employment, Procurement, and Services