

EMORY UNIVERSITY POLICE
1784 N. Decatur Rd.
Atlanta GA 30322

CONSENT TO RELEASE OF PERSONAL RECORDS/HISTORY

I hereby authorize the Emory University Police 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.

I further authorize the agent of CISV–Atlanta Area to receive a report concerning the results of the above criminal history records inquiry.

Full Name (Printed, last name first)

Social Security Number

Address

Sex

Race

Date of Birth

Applicant Signature

Date

Notary Public Signature

Date

FOR PROCESSING PURPOSES ONLY:

NO RECORD _____ RECORD _____ DATE _____ OPERATOR _____

POSSIBLE ACTIVE WARRANT _____