



Consent to Personal Records Form

**Emory University
Police Department
Atlanta, GA 30322**

I hereby authorize the Emory Police Department 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 Children's Healthcare of Atlanta at Egleston to receive a report concerning the results of the above criminal history records injury.

Printed Full Name (Last Name, First Name)

Social Security Number

Street Address

City

State

Zip

Sex

Race

Date of Birth

Driver's License Number

State of Issue

Applicant's Signature

Date

Notary Public

Date