



# City of Georgetown

Division of Human Resources

Post Office Drawer 939

Georgetown, SC 29440

## Authorization to Conduct a Criminal Record Review

<b>Full Name:</b>		
<b>Street Address:</b>		
<b>Post Office Box:</b>	<b>Apartment:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Social Security Number</b>	<b>Date Of Birth</b>	
<b>Driver's License State:</b>	<b>Number:</b>	
<b>Race:</b>	<b>Male:</b>	<b>Female:</b>

I, \_\_\_\_\_ do hereby grant approval for the City of Georgetown, SC; to inquire and receive any and all criminal information pertaining to me. I understand that the City of Georgetown will consider any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, in determining my suitability for employment. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature of Applicant (Including Maiden Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
City of Georgetown Authorized Signature

\_\_\_\_\_  
Date