



**APPLICANT  
INSIGHT**

Powerful Insight From People You Trust

**CHAMBLEE POLICE DEPARTMENT  
CRIMINAL HISTORY CONSENT FORM**

I hereby authorize **APPLICANT INSIGHT** to receive any **criminal history** record information pertaining to me which may be in the files of any state or any local criminal justice agency within the state of Georgia.

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PRINT COMPLETE NAME: LAST, FIRST, MIDDLE

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(If applicable, maiden names or names used in the past)

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Street Address

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City, State & Zip Code

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Date of Birth

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Social Security Number

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Sex and Race

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Signature

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Date of Request