

SOUTHEAST MANAGEMENT

P.O. BOX 71925

ALBANY, GA 31708-1925

PHONE: (229) 889-9942

FAX: (229) 889-9042

CRIMINAL RECORDS CONSENT FORM

The undersigned individual hereby authorizes Southeast Management to request and receive any criminal history record information pertaining to said individual which may be in the files of any state and/or local criminal agency.

Please PRINT clearly

NAME: _____

PRESENT ADDRESS: _____

CITY/STATE/ZIP CODE: _____

DOB: _____ SSN: _____

SEX: _____ RACE: _____

RESIDENT SIGNATURE _____

DATE: _____