



## Villa Rica Police Department Fingerprint Consent Form

I hereby authorize **Villa Rica Police Department** to receive and forward to the requesting agency any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

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Full Name (Print)

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Address

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Sex

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Race

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Date of Birth

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Place of Birth

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Social Security Number

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Drivers License Number

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Telephone Number

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Reason for Fingerprinting

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Name and Address of Business requesting Fingerprints

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Signature

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Date

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Notary

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Date