



15 E. 16th Street
Tifton, GA 31794
(229) 382-5434

Housing Services Division
P.O. Box 12

CRIMINAL HISTORY CONSENT FORM
ORI# GA1370100

I hereby authorize the Housing Authority of the City of Tifton 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.

Date

Print Full Name

Address

City

State

Zip

Gender

Race

DOB

Social Security

Signature

Notary Signature

My Commission Expires