

**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: \_\_\_\_\_