

## **Consent to Perform Criminal History**

I hereby authorize The City of Brunswick to receive any criminal history record information pertaining to me which may be in the files of any Federal, State, or local criminal justice agency. I also authorize the City of Brunswick to receive any credit history information.

Full Name Printed		
Address		
Sex Race	Date of Birth	Social Security Number
Drivers License Number	State	
Signature		

Date

Crim Hx/Rev. 03/09/05