The Housing Authority of the City of Buford

Commissioners Robert Davis Dorothy Lott Robert Murphy Mitch Peevy Doug Williams, Sr.



2050 Hutchins Street Buford, Georgia 30518 Phone (770) 945-5212 Fax (770)945-0216



Kevin Jones Executive Director

BACKGROUND CHECK CONSENT FORM

I hereby request the Tenant P. I. Company to receive any Criminal History record information, which may pertain to myself (or the person named below), and may be found in any state or local Criminal Justice Agency in Georgia.

Records obtained from Tenant P. I. Company may only be used by the requesting agency or entity solely for the purposes requested. If any information is used to deny employment or license, shall not reflect on the liability of this office but on the agency or entity that makes that decision and to allow the person/applicant a chance to dispute any information, which may be in error. Any dissemination of this information must by with the permission of the person/applicant. Tenant P. I. Company shall not be held responsible for information obtained by another agency, State or Federal, which provides such information and who's reflected records which may contain errors or omissions.

This request is in accordance to State Law as it applies to:

		Employment
		Law enforcement Purposes
		Firearms License Permit
		Housing Authority
Full Name _		
Address _		
Sex	Race	Date of Birth
Social Securi	ity Number	
Signature		Date
Name of Rec	uesting Person (if diff	erent)