

**KENNESAW STATE UNIVERSITY
DEPARTMENT OF PUBLIC SAFETY
CJIS CONSENT FORM**

I hereby authorize Kennesaw State University Department of Public Safety to receive any criminal history record information that pertains to me which may be in the files of any state or local criminal justice agency in Georgia.

TERMINAL OPERATORS: RUN THIS TRANSACTION USING PURPOSE CODE "E".

Full Name, Printed

Sex

Race

DOB

Street Address

City, State & Zip

Signature

SSN

Notary

Date