



## Consent and Authorization for Release of Information

I, hereby, authorize and request that you release to an authorized representative of the MARTA Police Department all requested pertinent information concerning my employment history, driver's license history, credit history or criminal history record which may be in the files of any state or local criminal justice agency in Georgia.

It is my understanding that this information will be used by the MARTA Police Department **only** for official purposes and will be kept **confidential**. This Consent and Authorization shall remain in effect from the date of signature until such time as my application is rejected or, if employed, my employment is terminated.

I relieve MARTA of any and all liabilities.

\_\_\_\_\_  
*Full Printed Name*

\_\_\_\_\_  
*Drivers License Number*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Apt #*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Sex*

\_\_\_\_\_  
*Race*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Notary Public*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Commission Expiration*

\_\_\_\_\_  
*Recruiting Officer*