NAVY COLLEGE OFFICE
Naval Submarine Base
Kings Bay, Georgia 31547

Consent Form

I hereby authorize the SUBASE Security Department, Naval Submarine Base, Kings Bay, Georgia, to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in the state of Georgia.

Full Name (PRINT): _____ _____
Last Name First Middle

SSN: _____ Race: _____ DOB: _____ Sex: _____

Place of Birth: _____

_____ _____
Signature of Applicant Applicant phone number

_____ _____
Witnessed By Date

Note: In the event that an access decision is made adverse to a person whose record was obtained pursuant to this Code Section (35-3-4) the person will be informed by the business, agency or person making the adverse access decision of all information that a record was obtained from the Security Department, Naval Submarine Base, Kings Bay, Georgia, the specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor.

FIRST ENDORSEMENT
From: Terminal Agency Coordinator, Naval Submarine Base, Kings Bay
To: Navy College

1. Georgia Crime Information Center checks were performed on the above named individual. State Criminal History Repositories results have been reviewed and **did** / **did not** reveal any derogatory information.

_____ _____
Signature Date