



Georgia Bureau of Investigation
Georgia Crime Information Center

CRIMINAL HISTORY CONSENT FORM

Carry Weapon License Renewals

I hereby give my consent for the **Fulton County Probate Court** to receive any Georgia and/or national criminal history record information pertaining to me, as authorized under state and federal law.

Full Name (print first, middle & last name)

Race

Eye Color

Hair color

Height

Weight

Sex

Date of Birth

Last Four SSN

Birth State

Signature

Date

Country of Citizenship

**Alien Registration/Admission
Record Number (if applicable)**