

**THE HOUSING AUTHORITY OF THE CITY OF DOUGLAS, GEORGIA**

**937 Thrash Circle/P. O. Box 1088**

**Douglas, GA 31534**

**Phone (912) 384-5812 Fax (912) 384-4348**

**Clara Graham  
Executive Director**

**Sandra Gore  
Director of Operations**

**CRIMINAL HISTORY CHECK  
CONSENT FORM**

I hereby authorize The Housing Authority of the City of Douglas, Georgia to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal agency in Georgia.

\_\_\_\_\_  
Name (**Print**)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

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

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date