

Metropolitan Atlanta Rapid Transit Authority



METROPOLITAN ATLANTA RAPID TRANSIT AUTHORITY

MARTA POLICE DEPARTMENT

CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and request that you release to an authorized representative of the MARTA Police Department, information concerning my criminal history record which may be in the files of any state, federal or local criminal justice agency in Georgia.

It is my understanding that this information will be used by MARTA **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 status is terminated as a Volunteer: MARTA Citizens Police Academy member, Volunteer, Ride Along candidate or CERT member.

I relieve MARTA of any and all liabilities associated with the authorized use of this consent and authorization for release of information form.

Full Printed Name			
_____		_____	
Street Address		City	
_____		_____	
State		Zip Code	
_____	_____	_____	_____
Sex	Race	Date of Birth	Social Security #/last 4 digits
_____		_____	
Signature		Date of Consent	

Received By:

_____	_____
Signature	Date

Inquiry Performed By: _____ Purpose Code: _____ Date: _____

This form is subject to be audited. Do not alter in any manner.

Special Conditions: If an employment, licensing, housing, or other decision adverse to the record subject is made; the individual or agency making the adverse decision must inform the record subject of all information pertinent to that decision. This disclosure must include that a criminal history record information check was made, the specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information to the person in question is a misdemeanor under Georgia law.

