



DHS

GVRA

DFCS County

DHS Division/Office _____

DFCS Region _____ County _____

GVRA Program _____

**STATE OF GEORGIA PURCHASING CARD
AUTHORIZATION FOR PURCHASING CARD BACKGROUND CHECKS**

I _____ understand that Georgia law requires that “employees hired for job positions for which purchasing cards are issued shall be subjected to criminal background checks before hiring and a credit check shall be completed by the hiring agency on all employees to whom a purchasing card is issued prior to issue.” O.C.G.A. § 50-5-83.

I _____ hereby voluntarily consent and specifically authorize _____, or its authorized representative bearing this release or copy thereof, to obtain a comprehensive review of my background through a consumer report for the purpose of authorizing me to hold a government purchasing card in connection with my employment. I understand that the scope of the consumer report/investigative consumer report will include, but is not limited to, the following areas: criminal background checks, credit history and reports, judgments and bankruptcy reports.

This authorization is given freely and voluntarily without duress or coercion and constitutes a written instruction under the Fair Credit Reporting Act.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

Name Signature Date

Address (Street) City, State, Zip

Social Security Number Date of Birth Telephone Number

Gender Male Female