



Rev It Up 4 Kids Event Consent Form

I hereby authorize Satilla Advocacy Services, 605 Church St., Suite A&B, Waycross, GA 31501, to receive any Georgia Criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Main Contact Phone Number

Please include a copy of a valid Driver's License with this form. Thank you.