

**CRIMINAL HISTORY CONSENT FORM**

On this \_\_\_\_ day of \_\_\_\_\_, 2012, I, \_\_\_\_\_,  
authorize my attorney, Kevin A. Chastine, 75 W. Wieuca Rd. NE, Atlanta, GA 30342, to receive  
any criminal history record information pertaining to me which may be in the files of any state or  
any local criminal justice agency in the State of Georgia.

Please fax these records to my attorney at:

**888-879-2458**

\_\_\_\_\_  
Full Name (printed)

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race