

**AAA Partners In Adoption, Inc.**

5665 Hwy. 9, Suite 103-351

Alpharetta, GA 30004

Melissa Clause  
Executive Director

Phone: 770-844-2080

Fax: 770-844-2075

Web – [www.aaapia.org](http://www.aaapia.org)

**CONSENT TO  
RELEASE GEORGIA CRIMINAL HISTORY**

(APPLICANT: PLEASE COMPLETE THIS FORM AND INCLUDE IT WITH YOUR HOME STUDY APPLICATION)

**I/We hereby authorize AAA Partners In Adoption, Inc. to receive any criminal history information pertaining to me/us which may be contained within the records of any statewide or local criminal justice agency in Georgia.**

\_\_\_\_\_  
(FULL NAME OF APPLICANT PRINTED)

\_\_\_\_\_  
(FULL NAME OF APPLICANT PRINTED)

Sex \_\_\_\_\_

Sex \_\_\_\_\_

Race \_\_\_\_\_

Race \_\_\_\_\_

D.O.B. \_\_\_\_\_

D.O.B. \_\_\_\_\_

SSN \_\_\_\_\_

SSN \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_, GA  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_, 20\_\_\_\_\_  
(Date)

\_\_\_\_\_, 20\_\_\_\_\_  
(Date)