

TEMPORARY GUARDIANSHIPS

I hereby authorize the Juvenile Court of DeKalb County to receive any criminal history record information to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
FULL NAME PRINTED  
(First, Middle, Maiden, Last)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SEX

\_\_\_\_\_  
RACE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NOTARY PUBLIC/CLERK OF JUVENILE COURT

\_\_\_\_\_  
DATE