



Background Check Parental Consent and Release for Minors

I, _____ (print your name), being the parent or Legal Guardian of _____ (employment candidate's name) give my consent for the criminal background check for the City of Alpharetta for the purposes of pre-employment evaluation. I also authorize the City of Alpharetta Police Department to release to the Human Resources Department, any information acquired in the background check of the above-named minor. This consent is valid for up to 90 days from the date of the signature.

_____ Parent or Legal Guardian Signature	Date: ____/____/____
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