

LAVONIA HOUSING AUTHORITY

Starr Whitlow Office Building
POB 453, 13032 Jones St.
Lavonia, Ga. 30553

EXECUTIVE DIRECTOR

Richard A. Whitworth
rwhitworth@lavoniahousing.com
Phone: 706-356-8224

OFFICE MANAGER

Sabrina L. Weaver
sweaver@lavoniahousing.com
Fax: 706-356-1000

I hereby authorize the Lavonia Housing Authority to receive any criminal history record information pertaining to me which may be in the files of any local, state or federal government criminal justice agency in Georgia or the United States.

NOTICE TO APPLICANT: PLEASE PRINT PLAINLY

FULL NAME: _____
Last Name First Name Middle Name

SOCIAL SECURITY# _____ RACE: _____

DATE OF BIRTH: _____ SEX: _____

APPLICANTS SIGNATURE: _____

One of the following must be checked:

____ This authorization is valid for 90/180/____ (circle one) days from the date of signature.

____ I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my time on the Housing Authority's waiting list and residency with this company.

OFFICE USE ONLY:

DATE: _____

NOTARY PUBLIC SEAL