CHEROKEE COUNTY SHERIFF'S OFFICE

CRIMINAL HISTORY CONSENT FORM

I HEREBY AUTHORIZE THE CHEROKEE COUNTY SHERIFF'S OFFICE TO RUN MY CRIMINAL HISTORY RECORD INFORMATION AND RELEASE ANY INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILE OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY.

IN ORDER FOR THE CHEROKEE COUNTY SHERIFF'S OFFICE TO BETTER SERVE YOU PLEASE FILL OUT THIS FORM COMPLETELY

Full Name
Please Print

Street Address

City, State, Zip Code

Date of Birth ____ Sex ____ Race ____

Social Security Number

Your Signature

Notary Signature ____ Date ____

PLEASE RELEASE MY CRIMINAL HISTORY RECORD INFORMATION TO THE FOLLOWING INDIVIDUAL OR AGENCY:

FULL NAME AND ADDRESS:

PLEASE SPECIFY THE REASON FOR YOUR CRIMINAL RECORD REQUEST BY CHECKING THE APPROPRIATE BOX:

☐ ADOPTION ☐ EMPLOYMENT ☐ APARTMENT ☐ PERSONAL INSPECTION

☐ DAYCARE ☐ TEACHER CERTIFICATION ☐ OTHER (PLEASE SPECIFY)

_____

If an employment, licensing, housing, or other decision adverse to the record subject is made, the individual or agency making the adverse decision must inform the record subject of all information pertinent to that decision. This disclosure must include that a criminal history record check was made, specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information is a misdemeanor under Georgia law. (O.C.G.A. 35-3-34, 35-3-35)

Results:

If this form is stamped, no record could be found in the Georgia Criminal History Database for the record subject. Please see attached printouts if this form is not stamped.

AGENCY USE ONLY: *DATE:*

OPERATOR INITIALS:_____ SID:_____ FBI:

Mailed Picked up