CHEROKEE COUNTY SHERIFF'S OFFICE

CRIMINAL HISTORY CONSENT FORM

In order for the Cherokee County Sheriff's Office to better serve you, please fill out this form completely. Please print neatly, if your information cannot be read you will be asked to fill out another consent form which will take an additional 48 hours to process. Do not change, strikethrough, or white out any information. If a change or correction is necessary, a new consent form must be completed.

Section 1: Authorization

I hereby authorize the Cherokee County Sheriff's Office to process 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 to the individual I have specified below.

		Please	release my criminal history record	l information to:		
	I need the results of thi	is background check o	on letterhead with a notary stamp.	Number of letters:		
Please	Section 2: Reason circle the appropriate reason	on for your background	d check or specify the reason for y	our background chec	k in the blank.	
1.	PERSONAL INSPECTION	ON				
2.	ADOPTION					
3.	APARTMENT					
4.	EMPLOYMENT WITH T	HE MENTALLY ILL/M	ENTALLY RETARDED			
5.	EMPLOYMENT WITH E	LDER CARE				
6.	EMPLOYMENT WITH O	CHILDREN				
7.	OTHER:					
Section	n 3: Personal Informat	tion				
			eing signed by the person whose re	ecord is sought.		
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THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED

CHEROKEE COUNTY SHERIFF'S OFFICE

CRIMINAL HISTORY CONSENT FORM

In order for the Cherokee County Sheriff's Office to better serve you, please fill out this form completely. Please print neatly, if your information cannot be read you will be asked to fill out another consent form which will take an additional 48 hours to process. Do not change, strikethrough, or white out any information. If a change or correction is necessary, a new consent form must be completed.

Section 1: Authorization

I hereby authorize the Cherokee County Sheriff's Office to process 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 to the individual I have specified below.

If this information is being released to a business, agency, or organization, the Cherokee County Sheriff's Office must have a specific person's name at the business, agency, or organization and the address and title of the business, agency or, organization. If this information is being released to an individual, the Cherokee County Sheriff's Office must have the individual's name and address.

Please release my criminal history record information to:

Write out full name of individual or individuals who may pick up this Criminal History.

If you would like it mailed, write out the individual's full name and address in this box and indicate that you would like the results mailed.

need the results of this background DO NOT CHECK THIS BOX.	d check on letterhead with a notary stamp. Number of letters: This service is only for individual's running a CH for adoption.
Section 2. Becom	

Section 2: Reason

Please circle the appropriate reason for your background check or specify the reason for your background check in the blank.

- PERSONAL INSPECTION 1
- 2. **ADOPTION**
- 3. **APARTMENT**
- 4. EMPLOYMENT WITH THE MENTALLY ILL/MENTALLY RETARDED
- 5. **EMPLOYMENT WITH ELDER CARE**
- 6. **EMPLOYMENT WITH CHILDREN**
- 7. OTHER:

Circle One number that applies best to the purpose for running the CH. If other, CIRCLE number 7 and write out the reason completely. DO NOT USE ABBREVIATIONS.

Section 3: Personal Information

This consent for criminal history expires 90 days after being signed by the person whose record is sought.

Full Name: First , Middle, & Last	PLEASE PRI	NT LEGIBLY		annot read form clearly, it will not be processed.
Street Address		City Pick ONE race listed below	State	Zip Code
Date of Birth: MM/DD/YYYY	Sex	ONLY. We can't accept anything other than the races listed below. Race (White, Black, American Indian, Asian, Pacific islander, Alaskan Native)		If there is no social, write 'NONE' on the line. Social Security Number
Your Signature		Date		_
Make sure the expiration is incor written in.	cluded in the nota	ary stamp,		Notary MUST write DL# of the individual listed in the form, not the notary.
Notary Signature & Stamp		Date	=	Driver's License Number (NOTARY USE ONLY)

Section 4: Results

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) 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. Use of information disseminated shall be limited to the purpose for which it was intended. The information may not be disseminated further. This is a name base criminal history only, for a more accurate criminal history fingerprints will need to be submitted.

Section	5:	Agency	Use	Onl	У

Date Processed: SID: FBI: Operator Initials: Mailed Picked Up

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