

# 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:

I need the results of this background check on letterhead with a notary stamp. Number of letters: \_\_\_\_\_

### Section 2: Reason

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

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

### 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 PRINT LEGIBLY

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: MM/DD/YYYY \_\_\_\_\_ Sex \_\_\_\_\_ Race (White, Black, American Indian, Asian, Pacific islander, Alaskan Native) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

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 Only

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

GCIC 001

THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED

### CHEROKEE COUNTY SHERIFF'S OFFICE CRIMINAL HISTORY CONSENT FORM

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#### Section 1: Authorization

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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 check on letterhead with a notary stamp. Number of letters: \_\_\_\_\_  
**DO NOT CHECK THIS BOX. This service is only for individual's running a CH for adoption.**

#### Section 2: Reason

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

1. PERSONAL INSPECTION
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.

Write out full name. No initials. Be sure to space out letters so the form is fully legible. If we cannot read form clearly, it will not be processed.

Full Name: First, Middle, & Last PLEASE PRINT LEGIBLY

Street Address City State Zip Code

Pick ONE race listed below ONLY. We can't accept anything other than the races listed below.

Date of Birth: MM/DD/YYYY

Sex

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 included in the notary stamp, or written in.

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)

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