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