CRIMINAL HISTORY CONSENT FORM

Full Name									
(Please Print)									
Aliases (Maiden)									
Social Security #	D	ОВ				Race		Sex	
Street Address									
City				State			Zip		
Purpose Codes	[] E (General Employment) [] M (Employment w/ Mentally Disabled [] N (Employment w/ Elder Care [] W (Employment w/ Children) [] U Personal Record Review **provides Georgia records only**								
	[] P (Public Records) **provides Georgia Felony Convictions only**								
To Be Disseminated To (Specific Name)									
CRIMINAL HISTORY REQUEST I hereby request and authorize the Cobb County Sheriff's Office to receive a criminal history pertaining to me, from the files of the Georgia Criminal Information Center (GCIC). This history should reflect any reportable offenses from all local and state criminal justice agencies in Georgia. [] This authorization is valid for 90 / 180 days from date of signature (circle one). [] I,									
company/agency) to perform p	eriodic criminal history background checks for th	e dur	ation of m	y employm	ent with	this com	pany.	`	
Signature					[Date			
Notary (If not signed in presence of CCSO					Date				
personnel)					Expiration Da		te		
DO NOT WRITE BELOW THIS LINE **SHERIFF'S OFFICE USE ONLY**									
A check of criminal history files was conducted and revealed that the above named individual has no record / the attached record of pages. The above named also has / No NCIC/GCIC Warrant results / Possible NCIC/GCIC Warrant. Contact agency:									
	t preclude the existence of a criminal record	d or a	additional			obb Cou	ntv. the	State of G	_ \
or the United States. The re	. cipient of this form is advised this report is ${\sf IC/NCIC}$, and that the dissemination of cer	oaseo	d solely or	n the files	of GCIC	/NCIC, t	nat all of	fenses ar	e not
Disseminated To Signature						Date			
(Signature)						Date			
Search Conducted By						SOID			