



COLUMBIA COUNTY SHERIFF'S OFFICE

Clay N. Whittle, Sheriff
2273 COUNTY CAMP ROAD
POST OFFICE BOX 310
APPLING, GEORGIA 30802-0310
(706) 541-1043



CRIMINAL HISTORY CONSENT FORM

I, _____ (Complete Full Name) hereby request to receive the Criminal History Record Information pertaining to me which may be in the files of the Georgia Crime Information Center relating to my record with any Criminal Justice Agency providing that information. I expressly release the Columbia County Sheriff's Office from any and all liability claims relating to the acquisition and release of any information pertaining to me.

Print the following information: Full Name: _____

Address: _____ City, State, and Zip Code : _____

Telephone: _____ Sex: _____ Race: _____ Hair Color: _____ Eye Color: _____

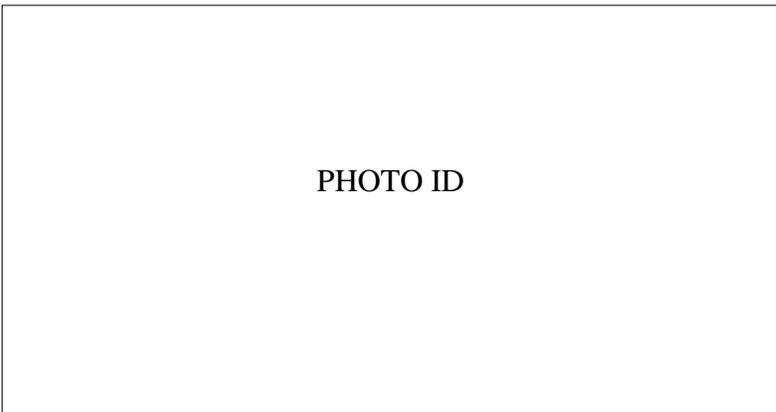
Height: _____ Weight: _____ Date of Birth: _____ Place of Birth: _____ SSN: _____

REASON FOR REQUEST: _____ Child Abuse [DFCS] (Case # _____) *must have copy of report attached
_____ Neglect (DFCS) _____ Adoption _____ Foster Care _____ Alcohol License _____ Other

- Special employment provisions (check if applicable)
[] Employment with elder care (Purpose code 'N')
[] Employment with criminal justice agency- non-sworn (Purpose code 'J')
[] Employment with criminal justice agency - sworn (Purpose code 'Z')
[] Employment with mentally disabled (Purpose code 'M')
[] Employment with children (Purpose code 'W')

I hereby Certify, by my signature below, that all of the above information is TRUE. I further authorize the below listed individual to receive my Criminal History Record Information from the Columbia County Sheriff's Office. Any alteration of this form after completion may lead to prosecution.

SIGNATURE DATE NAME OF AGENCY / INDIVIDUAL TO RECEIVE RECORD



The official response to this request will bear a raised seal over the photo ID and a red ink stamp

SIGNATURE DATE

THIS FORM MUST BE FILLED OUT COMPLETELY AND NOTARIZED FOR RELEASE OF INFORMATION

NOTARY SIGNATURE DATE