CRIMINAL HISTORY CONSENT FORM

Full Name *(Please Print)*							
Aliases *(Maiden)*							
Social Security #		**DOB**		**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) ***provides Georgia records only***						
	[ ] **P** (Public Records) ***provides Georgia Felony Convictions only***						
	[ ] **J** (Civilian Employment w/ Criminal Justice Agency) ***provides completed GA & III records except juvenile or restricted*** [ ] **Z** (P.O.S.T. Certified Employment w/ Criminal Justice Agency) ***provides GA & III records including restricted that contain completed first offender sentences for any offense***						
To Be Disseminated To *(Specific Name)*	Kimberly Hicks						

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) & National Criminal Information Center (NCIC). This history should reflect any reportable offenses from all local and state criminal justice agencies in Georgia and/or the U.S.A. as per the applicable Purpose Code.

[] This authorization is valid for 90 / 180 days from date of signature (circle one).
[] I, _____, give consent to _____ (name of company/agency) to perform periodic criminal history background checks for the duration of my employment with this company.

Signature		**Date**	
Notary *(If not signed in presence of CCSO personnel)*		**Date**	
		Expiration Date	

ATTENTION

In the event an adverse decision is made based on the information contained in this criminal history, the individual or agency making the decision is required, under penalty of law, to inform the record subject of all information pertinent to that decision. "This disclosure must include that a criminal history inquiry was made, the specific contents of the record, and the effect the record had upon the decision." Failure to do so can result in fines and/or imprisonment as provided for in OCGA 33-3-34(b) and GCIC 140-2.04(1)(b)(3).

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: _____ at _____ (ph) to inquire further. This does not preclude the existence of a criminal record or additional records within Cobb County, the State of Georgia, or the United States. The recipient of this form is advised this report is based solely on the files of GCIC/NCIC, that all offenses are not required to be reported to GCIC/NCIC, and that the dissemination of certain protected criminal history information to individuals and employers is forbidden by law.

Disseminated To Signature *(Signature)*		**Date**	
Search Conducted By *(Signature)*		**SOID**	

Original to be placed in agency files / Copy with raised seal to requestor