

CRIMINAL HISTORY CONSENT FORM

Full Name <i>(Please Print)</i>					
Aliases <i>(Maiden)</i>					
Social Security #		DOB		Race	Sex
Street Address					
City		State		Zip	
Purpose Codes	<input checked="" type="checkbox"/> E (General Employment) <input type="checkbox"/> M (Employment w/ Mentally Disabled)				
	<input type="checkbox"/> N (Employment w/ Elder Care) <input type="checkbox"/> W (Employment w/ Children) <i>**provides Georgia records only**</i>				
	<input type="checkbox"/> P (Public Records) <i>**provides Georgia Felony Convictions only**</i>				
	<input type="checkbox"/> J (Civilian Employment w/ Criminal Justice Agency) <i>**provides completed GA & Ill records except juvenile or restricted**</i> <input type="checkbox"/> Z (P.O.S.T. Certified Employment w/ Criminal Justice Agency) <i>**provides GA & Ill records including restricted that contain completed first offender sentences for any offense**</i>				
To Be Disseminated To <i>(Specific Name)</i>	KIMBERLEY L. HICKS / WILMA ROBINSON / CATHY DUNN				
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.					
<input type="checkbox"/> This authorization is valid for 90 / 180 days from date of signature (circle one).					
<input type="checkbox"/> 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 <i>(If not signed in presence of CCSO personnel)</i>				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 <input type="checkbox"/> / the attached record <input type="checkbox"/> of _____ pages. The above named also has <input type="checkbox"/> / No NCIC/GCIC Warrant results / <input type="checkbox"/> 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 <i>(Signature)</i>				Date	
Search Conducted By <i>(Signature)</i>				SOID	

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