



COBB COUNTY POLICE DEPARTMENT

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Marietta, Georgia 30060
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www.cobbpolice.com

C.T. Cox *Chief of Police*

E.S. VanHoozer *Deputy Chief of Police*

J.D. Adcock *Deputy Chief of Police*

O.S. Hamilton *Deputy Chief of Police*

CRIMINAL HISTORY CONSENT FORM

I hereby authorize the Cobb County Police Department to obtain any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

REQUIREMENTS: Photo identification for the Requester (and Person being inquired on if different).
Person being inquired on signature must be notarized if not present at the time of the request. A \$15.00 fee is charged per request.

REQUESTER'S SIGNATURE: _____ **DATE:** _____

To assure that the correct Purpose Codes are used you must **check** one of the following:

Child Care: ☐ Elderly Care ☐ Mentally Disabled Care ☐ Other ☐

PERSON BEING QUERIED: _____
Last First Middle

SSN: _____ **DOB:** _____

RACE: White ☐ Black ☐ Native American ☐ Asian ☐ Unknown ☐

SEX: Male ☐ Female ☐

QUERIED PERSON'S SIGNATURE: _____

Notary

Sworn to and signed before me this _____
day of _____, 20____.

DO NOT WRITE BELOW THIS LINE --- OFFICE PERSONNEL ONLY

UTILIZING GCIC/NCIC ACCESS A CHECK OF THE GEORGIA CRIMINAL HISTORY FILES
REVEALED:

NO RECORD FOUND: ☐ SEE ATTACHED PRINTOUT: ☐

Police Record Technician

Badge Number

Date

As per House Bill 314, Notary is not required; however, all forms will be notarized upon request

Notary

Sworn to and signed before me this _____
day of _____, 20____.