



COBB COUNTY GOVERNMENT AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any employee, officer, investigator, or other authorized agent of the Cobb County Government to receive any criminal history information pertaining to me which may be in the files of any state, local or federal criminal justice agency.

I also request and authorize a review and full disclosure of all such information and records concerning me, to any duly authorized agent of the Cobb County Government, whether the said records are of a public, private or confidential nature.

I understand that any information obtained by a personal criminal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in making a determination of my suitability or eligibility for employment by Cobb County Government. I authorize a photocopy of this release form to be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I hereby release any and all organizations, reporting agencies, and others from any liability or damage, which may result from furnishing the information requested above.

I also certify the information I have entered on the reverse of this form is true and accurate, to the best of my knowledge, under penalty of law.

Signed this _____ day of _____ of 20_____

Signature _____

Printed Name _____

Parent/Guardian (If under 18 years of age) _____

Notary Public

Notary Stamp

Date

Request For (select only one):

☐ Criminal History* ☐ Motor Vehicle Report** ☐ Both

*** This information will be provided for employment purposes only. Applicant must furnish a government-issued photo ID for verification purposes.**

**** In accordance with Georgia Laws 40-5-2, my signature authorizes Cobb County Human Resources Department to procure a copy of applicant's driver's license history. Applicant must furnish a valid driver's license in order to run a Motor Vehicle Report.**

(PLEASE PRINT)

Department Name _____

Position Name _____

Position Number _____

(Please complete EVERY blank on this page. Enter N/A if not applicable. Submit your FULL LEGAL NAME. NO initials are to be used unless you have an initial name only.)

Name: _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____

Maiden Name: _____

Other Names Used: _____

Current Address:

(Number, Street, Apt. #)

(City, State, Zip Code)

Please list any other counties/states where you lived, worked or attended school in the past 10 years.

County/State _____ County/State _____

County/State _____ County/State _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Race: _____ Sex: M _____ F _____

Place of Birth: _____
(City, State, and Nation)

Driver's License Number: _____ State: _____

Exp. Date: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Other Driver's Licenses You Have Held:

(State)	(License Number)
_____	_____
_____	_____
_____	_____