

FAYETTE COUNTY MARSHAL'S OFFICE CRIMINAL HISTORY CONSENT FORM



Date: _____

Case #: _____

Department: _____

Reason: _____

Purpose Codes:

E - regular employment or employment with:

M - mentally disabled

N - elder care

W - w/children

J - CJ non - sworn

Z - CJ sworn

Purpose Code: _____ (E) _____ (M) _____ (N) _____ (W) _____ (J) _____ (Z)

Approved

Dis-Approved

Dept. Discretion

I hereby authorize the Fayette County Marshal's Office to receive my Criminal History record information pertaining to me, which may be in the files of my state or local Criminal Justice Agency in Georgia, or any other state. PLEASE PRINT.

NAME:		DOB:	
ADDRESS:			
SS#	RACE	SEX	Drivers License #
			STATE
Signature:			
Notary Public Signature:		Date:	

CRIMINAL HISTORY

NO IDENTIFIABLE RECORD IN THE NCIC INTERSTATE IDENTIFICATION INDEX (III) FOR:

NAME	SEX	RACE	DOB	SS#
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NOTICE: This does not preclude the possible existence of matching records in the local, state, or FBI Identification Division files that are not indexed in the NCIC III. If you desire a search of the FBI Identification Division a fingerprint card should be submitted.

Reporting Deputy:		Approving Deputy:	
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