

COLUMBIA COUNTY SHERIFF'S OFFICE

Clay N. Whittle, Sheriff 2273 COUNTY CAMP ROAD POST OFFICE BOX 310 APPLING, GEORGIA 30802-0310 (706) 541-1043



CRIMINAL HISTORY CONSENT FORM

I,(Con	nplete I	Full Name)	hereby request to re	eceive the Criminal	
History Record Information pertaining to me whice					
Center relating to my record with any Criminal Just					
the Columbia County Sheriff's Office from any an					
any information pertaining to me. This authorizati					
			<i>,</i>	0	
Print the following information: Full Name:					
Address:	City, S	City, State, and Zip Code:			
Telephone:	Sex:	Race:	Hair Color:	Eye Color:	
Height: Weight: Date of Birth:	Place	of Birth:	SSN:		
REASON FOR REQUEST:Child Abuse [DFCS]					
Neglect (DFCS) Adoption Foster	r Care	Alcoho	ol License Other		
Special employment provisions (check if applicable) ☐ Employment with elder care (Purpose code 'N') ☐ Employment with criminal justice agency- non-swo ☐ Employment with criminal justice agency – sworn (☐ Personal Copy - Record Review (Purpose code 'U') ☐ Employment (Purpose code 'E')	orn (Purp Purpose	Employ Dose code 'J'	ment with children (F	abled (Purpose code 'M') Purpose code 'W')	
I hereby Certify, by my signature below, that <i>all o</i>					
below listed individual to receive my Criminal His				umbia County Sheriff's	
Office. Any alteration of this form after complete	ion may	y lead to pro	esecution.		
SIGNATURE DATE		NAME OF AGEN	ICY / INDIVIDUAL TO REC	CEIVE RECORD	
		٦			
PHOTO ID					
The official response to this request vertised seal over the photo ID and a re				-	
			proce 12	р	
			SIGNATURE	DATE	
		_			
THIS FORM MUST BE FILLED OUT COMPLETEL	YAND I	NOTARIZED	FOR RELEASE OF I	NFORMATION	
NOTARY SIGNATURE DATE					