



NORCROSS POLICE DEPARTMENT

BILL GROGAN, CHIEF OF POLICE

CONSENT FORM FOR THE RELEASE OF CRIMINAL HISTORY INFORMATION THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

I hereby authorize the Norcross Police Department to receive any and all criminal history record information pertaining to me, which may be in the files of any State and/or local criminal justice agency in Georgia and release the information to _____.

Full Name (printed) _____

Street Address: _____

City, State, and Zip: _____

Sex: _____ Race: _____ Date of Birth: _____

Social Security Number: _____

Telephone Number: _____

Signature: _____

Purpose for Request: _____

Operator Name (printed) _____ Badge #: _____

O.C.G.A. 35-3-34 (C) in the event that a decision is made adverse to a person whose record was obtained pursuant to this code section; the person will be informed by the business or person making the adverse decision of all information pertinent to this decision. This shall include information that a record was obtained from the Georgia Crime Information Center, the specific contents of the record, and the effect that the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision is a misdemeanor.

Sworn and subscribed before me, this _____ day of _____, 20_____.

Notary Public Signature: _____

My Commission Expires on: _____