

CHEROKEE SHERIFF'S OFFICE

CRIMINAL HISTORY CONSENT FORM – NCJ

THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED

For the Cherokee Sheriff's Office to better serve you, please fill out this form neatly and in its entirety. If it cannot be read, another consent form may be required, possibly taking an additional 48 hours to process. Do not change, strikethrough, or white out any information. Complete a new consent form if any changes or corrections are necessary. This form is for the Cherokee Sheriff's NCJ consent form for employment, personal inspection, and other NCJ reasons as allowed by O.C.G.A. §35-3-34.

Section 1: Authorization - I authorize the Cherokee Sheriff's Office to process my criminal history record information and release any information pertaining to me which may be in the file of any state, national, or local criminal justice agency to the individual I have specified below. If this information is being released to a business, agency, or organization, the Cherokee Sheriff's Office must have a specific person's name at the business, agency, or organization and the address and the title of the business, agency, or organization. If this information is being released to an individual, the Cherokee Sheriff's Office must have the individual's name and address.(O.C.G.A.

§35-3-34)

Please release my criminal history record information to the following:

Write out the full name of the individual(s) who may pick up this Criminal History. If you would like it mailed, write out the individual's full name and address in this box and indicate that you would like the results mailed.

Section 2: Reason - Please check the appropriate reason for your background check or specify the reason for your background check in the blank.

- Employment – E _____ Employment with the mentally ill/mentally retarded - M
- Employment with children – W Personal Inspection - U
- Employment with elder care - N Adoption – E

Check one box that applies best to the purpose for running the CH. If Other, write out the reason completely. Do not use abbreviations.

Section 3: Personal Information - This consent for criminal history expires 90 days after being signed by the person whose record is sought.

Write out the full name and no initials. Space out letters so the names are fully legible. If unreadable, it will not be processed.

Full Name: (First, Middle, & Last - PLEASE PRINT LEGIBLY)

Street Address City State Zip Code

Date of Birth (MM/DD/YY) Sex (M/F) Pick 1 Race If no SSN, write 'NONE'
Race** Social Security Number

Authorizing Signature Date (MM/DD/YY)

Make sure the expiration is included in the Notary stamp or written in

Notary Signature & Stamp Date (MM/DD/YY) Write DL# of the person listed above
Driver's License Number
(Notary Use Only)

Section 4: Results - If an employment, licensing, housing, or other decision adverse to the record subject is made, the individual or agency making the adverse decision must inform the record subject of all information pertinent to that decision. This disclosure must include that a criminal history record check was made, specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information is a misdemeanor under Georgia law (O.C.G.A. 35-3-34, 35-3-35). If this form is stamped, no record could be found in the Georgia Criminal History Database for the record subject. Please see attached printouts if this form is not stamped. Use of information disseminated shall be limited to the purpose for which it was intended. The information may not be disseminated further. **THIS IS A NAME-BASED CRIMINAL HISTORY ONLY. FOR A MORE ACCURATE CRIMINAL HISTORY, FINGERPRINTS WILL NEED TO BE SUBMITTED.**

Section 5: Agency Use Only

Date Processed: _____ FBI #: _____

Operator Initials: _____ SID #: _____

- Interoffice Mailed Picked Up

Race abbreviations

Alaskan Native/American Indian – I
Asian/Pacific Islander - A
Black – B
White – W
Unknown – U

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§35-3-34)

Please release my criminal history record information to the following:

Section 2: Reason - Please check the appropriate reason for your background check or specify the reason for your background check in the blank.

- | | |
|---|--|
| <input type="checkbox"/> Employment – E _____
<input type="checkbox"/> Employment with children – W
<input type="checkbox"/> Employment with elder care - N | <input type="checkbox"/> Employment with the mentally ill/mentally retarded - M
<input type="checkbox"/> Personal Inspection - U
<input type="checkbox"/> Adoption – E |
|---|--|

Section 3: Personal Information - This consent for criminal history expires 90 days after being signed by the person whose record is sought.

Full Name: (First, Middle, & Last - PLEASE PRINT LEGIBLY)

_____	City	State	Zip Code
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_____	Sex (M/F)	Race**	Social Security Number
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_____	Date (MM/DD/YY)
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Authorizing Signature **Date (MM/DD/YY)**

Race abbreviations

Alaskan Native/American Indian – I
 Asian/Pacific Islander - A
 Black – B
 White – W
 Unknown – U

_____	Date (MM/DD/YY)	Driver's License Number
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Notary Signature & Stamp **Date (MM/DD/YY)** **(Notary Use Only)**

Section 4: Results - If an employment, licensing, housing, or other decision adverse to the record subject is made, the individual or agency making the adverse decision must inform the record subject of all information pertinent to that decision. This disclosure must include that a criminal history record check was made, specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information is a misdemeanor under Georgia law (O.C.G.A. 35-3-34, 35-3-35). If this form is stamped, no record could be found in the Georgia Criminal History Database for the record subject. Please see attached printouts if this form is not stamped. Use of information disseminated shall be limited to the purpose for which it was intended. The information may not be disseminated further. **THIS IS A NAME-BASED CRIMINAL HISTORY ONLY. FOR A MORE ACCURATE CRIMINAL HISTORY, FINGERPRINTS WILL NEED TO BE SUBMITTED.**

Section 5: Agency Use Only

Date Processed: _____	FBI #: _____
Operator Initials: _____	SID #: _____

- Interoffice
 Mailed
 Picked Up