Cherokee Sheriff's Office

Name-Based Criminal History Record Information Consent/Inquiry Form - NCJ

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) For the Cherokee Sheriff's Office to better serve you, please fill out this form neatly and in its entirety. Do not change, strikethrough, or white out any information. 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.

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CHRI as authorized by state and federa					
Full Name: (Last, First, and Middle – F	Place Print Logik				
ruli Naille. (Last, Filst, allu iviluule – F	riease Print Legit	угуу		**Race Abbreviations**	
Street Address	City	State	Zip Code	Asian/Pacific Islander - A Black – B Alaskan Native/American Indian – I White – W	
Date of Birth (MM/DD/YY) SEX (M/	/F) RACE**	Social Security Number		Unknown – U	
Authorizing Signature	Da	te (MM/DD/	YY)		
Attorney for Individual (Purpose Code	Bar Number Da		ate (MM/DD/YY)		
	Date (MM/DD/YY) Dr				
Notary Signature & Stamp		Date (MM/	/DD/YY) Di	river's License Number (Notary Use Only)	
Notary Signature & Stamp			Purpo	river's License Number (Notary Use Only) ose Code Used (check one): uiry may be performed per consent form.	
Notary Signature & Stamp Notary Stamp			Purpo lote: <i>Only one inq</i>	ose Code Used <mark>(check one)</mark> :	
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Cherokee Sheriff's Office

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

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) For the Cherokee Sheriff's Office to better serve you, please fill out this form neatly and in its entirety. Do not change, strikethrough, or white out any information. 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.

I, YOUR NAME HERE		here	by authorize th	e CSO to co	nduct an inquiry for Company/Individual (name		
releasing record to) FULL NAME OF	INIVIDUAL WHO	MAY PICK UP	THIS C.H.	he purpose	below and receive any Georgia and/or national		
CHRI as authorized by state and feder	al law. This autho	orization is val	id for 90 days f	rom date of	signature.		
WRITE OUT THE FULL NAME WIT	H NO INITIALS.	MUST BE WE	RITTEN LEGIBI	E FOR PRO	CESSING		
Full Name: (Last, First, and Middle –							
					Race Abbreviations		
Street Address	City	ity State			Asian/Pacific Islander - A Black - B		
Street Address	_		Zip Code	DNIE"	Alaskan Native/American Indian – I		
Date of Birth (MANA/DD/VV) CEV (MA	PICK 1				White – W Unknown – U		
Date of Birth (MM/DD/YY) SEX (M	/F) RACE**	Social Security Number					
Authorising Cignoture		ate (MM/DD/)					
Authorizing Signature	Da	ite (IVIIVI/DD/1	11)				
Attornou for Individual (Burnosa Cod	lo E and II Only)	Par Numba		Data (MAA	/DD/VV\		
Attorney for Individual (Purpose Code E and U Only)		Bar Number		Date (MM/DD/YY)			
MUST HAVE EXPIRATION DATE IN THE STAMP OR WRITTEN					DL# OF THE PERSON LISTED		
Notary Signature & Stamp		Date (MM/DD/YY) Driver's			s License Number (Notary Use Only)		
			-		d (check one per form):		
	Note: Only one inquiry may be performed per consent form. NON-CRIMINAL JUSTICE PURPOSES						
Notary Stamp		E Adoption					
		E	Apartment				
		E Employment					
		E	Licensing				
		E	Raffle Permit				
		E	Volunteer				
		М	Employment	direct care	with Mentally III/Developmentally Disabled		
		N	Employment direct care with Elderly				
		w					
		U	Personal Cop	y (stamp ret	turn "personal copy")		
		AGENCY US	SE ONLY BELOV	v			
Date of Inquiry:	Time		Operator's Initials:				
This inquiry resulted in the followi	ng: No	criminal histor	ry available	Cri	minal history available (attached/released)		