

# Consent Form

## OFFICIAL DOCUMENT OF THE Hartwell Police Department

Criminal History Report  
OR  
Police Records Check

I hereby authorize \_\_\_\_\_ to receive any criminal history record information pertaining to me. These records may be in the file of any law enforcement agency (state or local), GCIC or any other criminal justice agency in the State of Georgia.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public  
Commission Expires:

Full Name (print):

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
M

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Sex: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
(To be completed by Police Dept.)

\_\_\_\_\_ No Record on GCIC computer files

\_\_\_\_\_ No Record (Hartwell Police Dept. files)

\_\_\_\_\_ Record Attached

\*\*\*NOTE\*\*\* Any information which is not true or has been falsified by the above individual or any person, can result in being arrested or prosecuted under the laws of this state (Georgia).