

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).