



MCDUFFIE COUNTY SHERIFF'S OFFICE
 RECORDS DIVISION
 751 PUBLIC SAFETY DRIVE THOMSON, GA 30824
 PHONE: 706-597-3862 FAX: 706-597-2682



CONSENT FOR PERSONAL RECORDS CHECK

THIS CRIMINAL HISTORY REQUEST WILL RETURN RESULTS FOR THE **STATE OF GEORGIA ONLY.**

I, _____ **(LAST NAME, FIRST NAME MIDDLE NAME)**, request to receive a copy of my Criminal History Record Information. This report entails information provided to the Georgia Crime Information Center relating to my record with any Criminal Justice Agency. I release the McDuffie County Sheriff's Office from all liability claims in relation to the acquisition and release of any information pertaining to me.

PLEASE **PRINT LEGIBLY** THE FOLLOWING INFORMATION:

FULL NAME: _____
 NOMBRE LLENO

ADDRESS: _____
 DIRECCION

CITY, STATE & ZIP CODE: _____
 CIUDAD, ESTADO, & CODIGO POSTAL

SEX: _____ RACE: _____ DATE OF BIRTH: _____
 SEXO RAZA FECHA DE NACIMIENTO

SOCIAL SECURITY NUMBER: _____
 # SEGURIDAD SOCIAL

I hereby certify with my signature below that ALL the information is accurate. Any alterations to this form after its completion may lead to prosecution.

SIGNATURE: _____
 FIRMA

DATE: _____
 FECHA

EMPLOYMENT/OTHER (E)
 EMPLEO PROPOSITO

WORK WITH ELDERLY (N)
 TRABJO CON ENFERMO MENTAL

WORK WITH MENTALLY ILL (M)
 TRABAJO CON MENTAL MENTE

WORK WITH CHILDREN (W)
 TRABAJO CON NINOS

PUBLIC RECORDS (P)
 REGISTROS PUBLICOS

PERSONAL COPY/INSPECTION ONLY (U)
 COPIA PERSONAL (NOT FOR EMPLOYMENT USE)

RECORDS DIVISION USE ONLY

DATE PROCESSED: _____

NO CRIMINAL HISTORY ON FILE:

GEORGIA RECORD ON FILE:

GA SID #: _____

NUMBER OF PAGES: _____

RECORD'S CLERK INITIALS: _____