



CLARKESVILLE POLICE DEPARTMENT

HABERSHAM COUNTY, GEORGIA

405 MADISON ST, CLARKESVILLE GA 30523 * PHONE 706.754.5390 * FAX 706.754.9109

CRIMINAL HISTORY REQUEST

I hereby authorize **Clarkeville Police Department** to conduct an inquiry for the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

PLEASE PRINT LEGIBLY

Full Name:					
Prior Names:					
Address:					
Phone:	Sex:	Race:	Date of Birth:	Social Security Number:	

- ☐ This authorization is valid for _____ days from date of signature.
- ☐ I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

X _____
Signature Date

Purpose: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> E – Employment (<i>Server / Alcohol / FF / Volunteer</i>) | <input type="checkbox"/> P – Public Records |
| <input type="checkbox"/> J – Civilian Criminal Justice Employment | <input type="checkbox"/> U – Personal Copy |
| <input type="checkbox"/> M – Working with Mentally Disabled (<i>Emp Only</i>) | <input type="checkbox"/> W – Working with Children (<i>Emp Only</i>) |
| <input type="checkbox"/> N – Working with Elderly (<i>Emp Only</i>) | <input type="checkbox"/> Z – Sworn Criminal Justice Employment |

(Purpose U Only)

_____ By initialing, I understand that receiving Personal Inspection Criminal History that I, alone, is responsible for its dissemination.

DO NOT WRITE BELOW THIS LINE

The inquiry resulted in the following: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> No Criminal Record Available | <input type="checkbox"/> No NCIC/GCIC Warrant |
| <input type="checkbox"/> Criminal Record Attached | <input type="checkbox"/> Possible NCIC/GCIC Warrant |

Wanting Agency Name: _____
Wanting Agency Telephone: _____

Agency Designee Signature Date & Time

Received By Date & Time