



JAMES WOODRUFF

Sheriff of Troup County

CRIMINAL HISTORY CONSENT FORM

I hereby authorize _____ to receive
(Person or company name to receive criminal history)

Any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Address

Sex Race Date of Birth Social Security Number

Signature

Date

Special employment provisions (check if applicable)

Employment with mentally disable (Purpose code "M")

Employment with elder care (Purpose code "N")

Employment with children (Purpose code "W")

One of the following must be checked if applicable:

This authorization is valid for 90/180/_____ (circle one) days from the date of signature.

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

By signing this consent form, I agree to hold harmless Sheriff James Woodruff, all employees of the Troup County Sheriff's Office and Troup County Government from any civil liability of any kind or description. The information supplied due to this form is based on GCIC/NCIC only. For any questions, you may contact John Sweat at (706) 883-1616 Ext. 252.

Do not write below this line, for departmental use only.

_____ No identifiable record in GCIC.

_____ See attached printout from electronic search.

_____ Positive identification cannot be made of this subject without fingerprint comparison.

Signature of approving official

Date