

## Gilmer County Sheriff's Office Sheriff Stacy L. Nicholson "A Professional Law Enforcement Agency"



## Georgia Crime Information Center / National Crime Information Center Criminal History Consent Form

I hereby authorize			to receive any crimi	nal history record
information pertaining to	me which may be in t	he files of any criminal justice	agency.	
Person Requesting Inform	ation:			
Please check the box next	to the reason for the	criminal history:		
<ul> <li>[ ] Housing (Purpose</li> <li>[ ] Employment with</li> </ul>	the mentally disabled elder care (Purpose Co children (Purpose Co criminal justice agend criminal justice agend	Code N)		
Name: Last	First		Middle	Suffix
Address		City		State
Sex	Race	/ / Date of Birth	 Social Security	 Number
Signature			 Date	
One of the following mus	t be checked:			
[] This authorization is val	id for 90/180/ (	circle one) days from date of s	ignature.	
[] I,criminal history backgrour	nd checks for the dura	, give consent to	the above named to perf	orm periodic

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