

CHATTOOGA COUNTY SHERIFF'S DEPARTMENT

CRIMINAL HISTORY CONSENT FORM
PURPOSE CODE "E" ONLY

I hereby authorize _____ to receive any
criminal history record pertaining to me which may be in the files of
any state or criminal justice agency in the state of Georgia.

(ARN ... SELF CHECK)

FULL NAME

SOCIAL SECURITY NUMBER

COMPLETE ADDRESS

DATE OF BIRTH

SEX / RACE

SIGNATURE

FOR OFFICE USE ONLY

SID#

FBI#

OPERATOR

DATE