



Fayette County Sheriff's Office

**BARRY H. BABB
SHERIFF**

Randall Johnson Law
Enforcement Center
155 Johnson Avenue
Fayetteville, Georgia 30214
(770) 461-6353
EMERGENCY: 9-1-1

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Fayette County Sheriff's Office to receive any Georgia criminal history record information obtained through the Georgia Crime Information Center (G.C.I.C.) All information must be completely filled out.

LAST FIRST MIDDLE MAIDEN

STREET ADDRESS CITY STATE ZIP

DATE OF BIRTH SEX SOCIAL SECURITY NUMBER

RACE: ☐ AMERICAN INDIAN ☐ ASIAN ☐ BLACK ☐ WHITE

(Per GCIC/NCIC guidelines, only the above races will be accepted for Criminal History purposes by the Georgia Crime Information Center.)

**Name the person and company/organization that will be receiving this information.
Please check N/A if this does not apply.**

Name of Requestor

Name of Company/Organization

N/A

Please check which code applies:

- ☐ General Employment/Licensing (Purpose code 'E')
☐ Employment with children (Purpose code 'W')
☐ Employment with elder care (Purpose code 'N')
☐ Employment with mentally disabled (Purpose code 'M')

One of the following must be checked:

- ☐ This authorization is valid for 90/180/____ (circle one) days from 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.

SIGNATURE _____ DATE _____
