



CRIMINAL HISTORY RECORD CHECK
CONSENT FORM

I hereby authorize a Dunwoody Police Department Certified Agent to receive 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

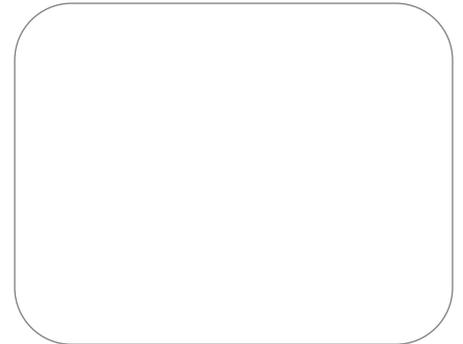
Social Security Number

Signature

Date

Purpose of Request:

- Personal Inspection (E)
- Real Estate License (E)
- Ride-Along Program (C)
- Explorers Program (C)
- Permits (E)
- Adoption (E)
- Volunteer Police Officers (J)
- Employment with mentally disabled (M)
- Employment with elder care (N)
- Employment with children (W)
- Public Records- Felony convictions (P)
- Requestor's Name: _____
- Other: _____



*****THIS AUTHORIZATION IS VALID FOR THIRTY (30) DAYS FROM DATE OF SIGNATURE*****

Dunwoody Police Department Certified Agent

Date



41 Perimeter Center East, Suite 100
Dunwoody, GA 30346

P: (678) 382-6900 F: (770) 396-4655
www.dunwoodypolice.com
www.twitter.com/dunwoodypolice