



SAVANNAH CHATHAM POLICE METROPOLITAN

Criminal History Unit - Consent Form

I hereby authorize _____ to receive any CRIMINAL HISTORY INFORMATION contained in the files of the Savannah Chatham Metropolitan Police Department or any agency that the Savannah Chatham Metropolitan Police Department has access to through the Georgia Crime Information Center that pertains to me. The undersigned also hereby releases the Mayor and Alderman of the City of Savannah, its agents, officers, servants and employees of and from any actions whatsoever, arising out of or relating to the release of the requested information.

COMPLETE THE FOLLOWING INFORMATION

Last Name:		First Name:		Middle:	
Address:					
City:	State:	ZIP:	Race:	Sex:	
Date of Birth:	SSN:	Driver's License #:		State:	

Do not sign this form until you have read it completely (both front and back) and understand that you are giving your consent to have your criminal history released to the agency, business or person listed above!

Applicant's Signature: X	Date:
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Notary Signature:	Date:
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NOTARY SEAL:

Sworn to and subscribed before
Me this ____ day of _____, 19__.

My commission expires _____.

To be completed by requesting business:

Business I.D. Number:	Business Phone:	Date of Request:
WARNING: This information is released in accordance with O.C.G.A. 35-3-34 (see reverse). For positive identification of this record subject as the person whose record was requested, fingerprints may be submitted. If an adverse employment or licensing decision is made, compliance with the disclosure provisions of O.C.G. A. 35-3-34 is required (<i>The requesting business <u>must</u> inform the person of any adverse decisions</i>). Unauthorized dissemination of this record or information herein violates Georgia law.		
Person Requesting:	Title:	
Signature:	Date:	