



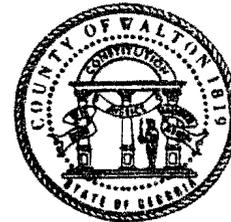
SHERIFF JOE CHAPMAN

WALTON COUNTY SHERIFF'S OFFICE

1425 South Madison Avenue, Monroe, Georgia 30655

Office (770) 267-6557

Fax (770) 266-1500



CRIMINAL HISTORY/ARREST RECORD REQUEST – CONSENT FORM

I hereby authorize _____ with _____
To receive any criminal history record information pertaining to me which may be in the files of any State or Local Criminal Justice Agency. This authorization is valid for 90 days from the date of signature.

(Last) (First) (Middle) Race Sex (Date of Birth)

(If applicable, maiden name or name used in past) Social Security Number

Address City/State/Zip Code Telephone #

Signature Date

Please circle one of the following for type of employment: * Employment with mentally disabled
* Employment with elder care * Employment with children * Other _____

DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)

This statement is to certify the criminal arrest files of The State of Georgia have been searched and reveal the following information on the above listed subject:

() No Record with our agency () No record on Ga. State File/GCIC

() Arrest Record as follows: () See attached GCIC printout

WCSO # Employee Name Initials Date

Received By Date