



## BACKGROUND CHECK CONSENT FORM

I hereby request the Forsyth County Sheriff's Office to retrieve any criminal history record information which may pertain to myself (or the person named below) that may be found in any local or state criminal justice agency in the state of Georgia.

Records obtained from Forsyth County Sheriff's Office may only be used by the requesting agency or entity solely for the purposes requested. If any information is used to deny employment or license, it shall not reflect on the liability of this office but on the agency or entity who makes that decision and to allow the person/applicant a chance to dispute any information which may be in error. Any dissemination of this information must be with the permission of the person/applicant. Forsyth County Sheriff's Office shall not be held responsible for information obtained by another agency, State or Federal, which provides such information and whose files reflect records which may contain errors or omissions. This request is in accordance to state law as it applies to.

*Complete the requested information below.*

Today's Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_

### CHECK ONE: SPECIAL EMPLOYMENT PROVISIONS:

- GENERAL EMPLOYMENT (PC: E)
- EMPLOYMENT WITH CHILDREN (PC: W)
- EMPLOYMENT WITH ELDER CARE (PC: N)
- EMPLOYMENT WITH MENTALLY DISABLED (PC: M)
- OPEN RECORDS CHECK FOR FELONY CONVICTIONS ONLY (PC: F)

\_\_\_\_\_  
Signature of Applicant

Clayton Munnell  
\_\_\_\_\_  
Signature of Requesting Person  
(if not applicant)

\_\_\_\_\_  
Notary