Location/School

_____

JAMES WOODRUFF

Sheriff of Troup County

CRIMINAL HISTORY CONSENT FORM

I hereby authorize _____ to receive
(Person or company name to receive criminal history)
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

Special employment provisions (check if applicable)

□Employment with mentally disable (Purpose code "M")

□Employment with elder care (Purpose code "N")

□Employment with children (Purpose code "W")

One of the following must be checked if applicable:

□This authorization is valid for 90/180/_____ (circle one) days from the 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.

By signing this consent form, I agree to hold harmless Sheriff James Woodruff, all employees of the Troup County Sheriff's Office and Troup County Government from any civil liability of any kind or description. The information supplied due to this form is based on GCIC/NCIC only. For any questions, you may contact Tiffany Stenson or Akira Bray at (706) 883-1616 Ext. 7072 or 7071.

Do not write below this line, for departmental use only.

_____ No identifiable record in GCIC.
_____ See attached printout from electronic search.
_____ Positive identification cannot be made of this subject without fingerprint comparison.

_____ _____
Signature of approving official Date

MODIFIED 01-26-2023 TMS

TEL (706) 883-1616 FAX (706) 883-1693