

CRIMINAL HISTORY REQUEST

I hereby request for the Dawson 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 state or local criminal justice agency in Georgia. Records obtained from the Dawson County Sheriff's Office shall only be used by the requesting agency or individual 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 the information provided must be with permission of the person/applicant. Dawson County 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.

TO ENSURE ACCURACY, PLEASE PRINT AND PROVIDE COMPLETE INFORMATION.

Date of request:		Authorization good for: \Box 7 \Box 30 \Box 60 \Box 90 \Box 180 days	
Agency requesting criminal his	story (name and phone #):		
Full name:		Phone #:	
Address:			
SSN:	Providing your S	SN is voluntary. SS	<i>N helps confirm your identity and history.</i>
DOB:	Sex:	Race:	State of birth:
Height: Weight:	Hair :	Eyes:	_
 <i>identification cannot be presen</i> Special employment provisions Employment with menta Employment with elder of Employment with childre To be completed by Dawson C	s (check if applicable): lly disabled (Purpose code care (Purpose code "N") en (Purpose code "W")	e "M")	
Select purpose code used:] N 🗌 P 🗆 W 🗆 Z	
Case number or criminal hist	ory number used:		
Date of inquiry:	Time of inqui	ry:	_Operator's initials:
SIGNATURE OF APPI	LICANT	_	NOTARY SIGNATURE NOTARY STAMP