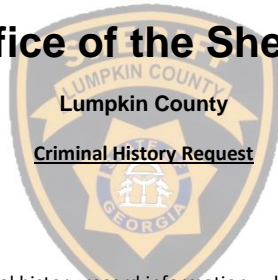


Office of the Sheriff



NOTE:

ALL CRIMINAL HISTORIES HAVE TO BE PICKED UP WITHIN 30 DAYS FROM THE DATE OF THE REQUEST OR THEY WILL BE DESTROYED. CRIMINAL HISTORIES ARE ONLY

I hereby request for the Lumpkin 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 Lumpkin 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. Lumpkin 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: _____

Agency requesting criminal history (name and phone #): _____

Full name: _____

Address: _____

SSN: _____ Providing your SSN is voluntary. SSN helps confirm your identity and history.

DOB: _____ Sex: _____ Race: _____ State of birth: _____

Weight: _____ Hair: _____ Eyes: _____

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code "M")
- Employment with elder care (Purpose code "N")
- Employment with children (Purpose code "W")
- Employment (Purpose code "E")
- Attorney for Individual (Purpose code E and U only) Name of Attorney _____ Bar Number: _____

***Any authorized individual(s) must present a valid identification upon receipt of this criminal history. If a valid identification cannot be presented, the criminal history will not be released.*

Individual(s) authorized to receive criminal history: _____

Applicant signature: _____ Date: _____

Notary signature: _____ Date: _____ (Notary Stamp)

To be completed by Lumpkin County Sheriff's Office Personnel

Select purpose code used: C F P (No consent required) E J M N W Z U&E (Consent required)

Case number or criminal history number used: _____

Date of inquiry: _____ Time of inquiry: _____ Operator's initials: _____

- No Georgia CHRI results available
- Georgia CHRI attached/released.
- No NCIC/GCIC Warrant results available
- Possible NCIC/GCIC Warrant. (Contact agency listed below.)

Wanting Agency Name: _____ Agency Telephone: _____

Lumpkin County Sheriff's Office designee signature and title: _____ Date: _____