

# Forsyth County Sheriff's Office



SHERIFF  
TED PAXTON

CHIEF DEPUTY  
J. ROBERT HAMRICK

## BACKGROUND CHECK CONSENT FORM

I hereby request the Forsyth County Sheriff's Office to receive any Criminal History Record information which may pertain to myself (or the person named below), and may be found in any state or local criminal justice agency in 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 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 REDUCE ERRORS, FULL AND COMPLETE INFORMATION REQUIRED. This request is in accordance to state law as it applies to:

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

PRINT

Employer (name & phone #): \_\_\_\_\_

Firearms License (Renewal: license # & county): \_\_\_\_\_ New: \_\_\_\_\_

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

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

Home Phone Number: \_\_\_\_\_ SS #: \_\_\_\_\_ DL# \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wght: \_\_\_\_\_

Hair: \_\_\_\_\_ Eye: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Requesting person (if not applicant)

\_\_\_\_\_  
Notary