



DUNWOODY POLICE DEPARTMENT

Billy Grogan *Chief of Police*

CRIMINAL HISTORY RECORD CHECK CONSENT FORM

I hereby authorize a Dunwoody Police Department Certified Agent to receive 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

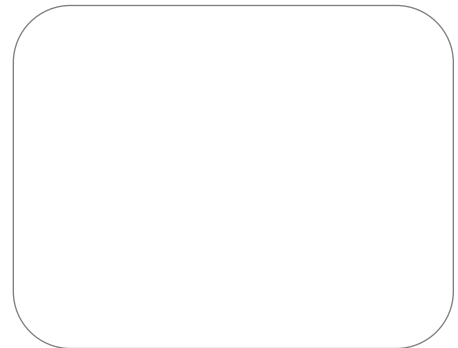
Date

Purpose of Request:

- ☐ Personal Inspection (U)
- ☐ Employment- General (E)
- ☐ Adoptions (E)
- ☐ Employment with mentally disabled (M)
- ☐ Employment with elder care (N)
- ☐ Employment with children (W)
- ☐ Ride-Along Program (C)
- ☐ Public Safety Cadets Program (C)
- ☐ Citizens' Police Academy (C)
- ☐ Citizens On Patrol (C)
- ☐ Public Records- Felony convictions (P)

Requestor's Name: _____

☐ Other: _____



****THIS AUTHORIZATION IS VALID FOR THIRTY (30) DAYS FROM DATE OF SIGNATURE****

Dunwoody Police Department Certified Agent

Date

4800 Ashford Dunwoody Road
Dunwoody, GA 30338

P 678.382.6900 F 770.396.4655
dunwoodypolice.com