

Forsyth County Sheriff's Office



SHERIFF
DUANE K. PIPER

CHIEF DEPUTY
MICHAEL A. GIORDANO

BACKGROUND CHECK CONSENT FORM

I hereby request the Forsyth 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 local or state criminal justice agency in the state of 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 Sheriff's Office 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. This request is in accordance to state law as it applies to. *Complete the requested information below.*

Today's Date: _____

Employer: _____ Address: _____

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Social Security#: _____

Driver's License #: _____ Date of Birth: _____

Sex: _____ Race: _____ Hgt: _____ Wgt: _____ Hair: _____ Eyes: _____

City and State of Birth: _____

Signature of Applicant

Signature of Requesting Person
(if not applicant)

Notary