



**CITY OF ALPHARETTA
 GEORGIA CRIMINAL HISTORY RECORD INFORMATION
 REQUEST AND CONSENT FORM**



1) This Request Is For: (Check Only One)

- Employment Military Licensing Personal Use Other Use Not Listed (E)
- International Travel Firefighters Employment (E)
- Prospective Adoptive/Foster Parents (E + Note & 2 copies)
- Employment Working With The Elderly (N)
- Employment At A Child Care Facility (W)
- Employment Working With The Mentally Ill (M)
- Police Ride Along Request (C) Police Department Vendor/Contractor (C)
- Criminal Justice Employment – Non Sworn (J)
- Police Officer Pre-Employment (Z)
- Alpharetta Parks and Recreation Employment (E) Alpharetta Liquor Licensing (E)

2) A History Is Requested On The Following Person:

Name: _____
Last First Middle

Social Security Number: _____ - _____ - _____ Sex: _____

Race: White Black Asian American Indian Unknown/Other

Date Of Birth: _____ - _____ - _____ Phone Number: _____ - _____ - _____
Month Day Year

3) Person Requesting Criminal History (person permitted to pickup request):

Name: Wells Sonya
Last First Middle

Address: 2 South Main Street Phone: 678-297-6040

City/State/Zip: Alpharetta, GA 30009

4) In making this request, I hereby give consent for an inquiry to be made of my Georgia Criminal History. I also give permission for this history to be inquired within the next (circle one) 90 / 180 / ____ days from the date on this request. I agree that the Alpharetta Police Department, its employees, heirs, trustees, etc., shall in no way be held at fault for the use or misuse of this record once it has been delivered to me. A photocopy of this release will be placed on file and is valid as an original hereof, even though the photocopy does not contain an original signature. Incomplete requests will be denied. This report is considered accurate at time of inquiry and may change at anytime. I also understand that if this record is for personal/employment use this record check is \$15.00 payable upon request and will be available in 5 business days. If this request is on behalf of the City of Alpharetta (Ride Along, Licensing, Vendor, Parks and Recreation or city employment), no fee is due.

Photo copy of a legal government ID must accompany this request.

Signature of person whom criminal history is being inquired Date

Official Use Only – Do Not Mark Below This Line

Results: _____

GCIC Tech: _____ ARN: _____

Date Submitted _____ / _____ / _____

Inquiry Date _____ / _____ / _____