



FORSYTH COUNTY SHERIFF'S OFFICE

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: _____ Employer Phone: _____

Firearms License (Renewal: license # & county): _____ New: _____

First name: _____ Middle name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ SSN: _____ DL#: _____

Sex: _____ Race: _____ DOB: _____ Hgt: _____ Wght: _____

Hair: _____ Eye: _____ City & State of Birth: _____

Signature of Applicant

Signature of Requesting person (if not applicant)

Notary