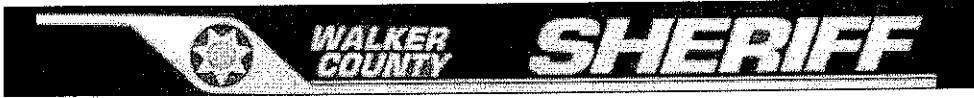


Walker County Sheriff's Office



Georgia Felony History Request Form

A Georgia felony conviction record is requested on the following person on today's date, _____
month / day / year

Name: _____
Last First Middle

Date of Birth: _____ Race: _____ Sex _____
month / day / year

Social Security Number: _____

Request is Made By

Name: _____
Last First Middle

Address: _____
Street

City State Zip code

Telephone Number: _____

Signature of Requester: _____

RESULTS

.....

Date: _____

Employee Providing Record: _____

Completed criminal history request will be destroyed if not picked up within 14 days. A new request must be completed and submitted if the 14 day period expires.