

**Walker County Sheriff's Office**  
Georgia Crime Information Center  
Criminal History  
Consent Form

I hereby authorize Walker County Sheriffs Office 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.

Name: \_\_\_\_\_  
*Last First Middle*

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
*month / day / year*

Social Security Number: \_\_\_\_\_

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_ This authorization is valid for 90 / 180 / \_\_\_ (circle one) days from date of signature.

Special employment provisions (check if applicable)

- Employment with mentally disabled
- Employment with elder care
- Employment with children

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.

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RESULTS

GCIC OPERATOR: \_\_\_\_\_ Date: \_\_\_\_\_

