



City of Milton
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)
- Volunteer working with Children (W)
- Employment Working With The Mentally Ill (M)
- Police Ride Along Request (C) Police Department Vendor/Contractor (C)

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

Check If Request Is For Yourself And Proceed To Section 5 At The Bottom Of This Page.

3) Person Requesting Criminal History:

Name: City of Milton/Hopewell Youth Association

Address: 13000 Deerfield Parkway Suite 107 Phone: 678 242 2500

City/State/Zip: Milton, GA 30004

4) Consent:

This portion is to be used if the person requesting the criminal history is different than whom the criminal history is being inquired on (sections II & III above are not the same person). *Third party notary is required.*

I hereby give my consent for my criminal history to be run and for the above named person in section III to have access to it.

Signature Printed Name Date

Notary Signature Date Seal:

5) In making this request, I agree that the City of Milton Police Department, its employees, heirs, trustees, etc., shall in no way be held at fault for the use or misuse of this record. 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.

Signature of Person Requesting Criminal History Date

Official Use Only – Do Not Mark Below This Line

Results: _____

Operator _____ ARN _____

Date Submitted ____/____/____

Inquiry Date ____/____/____