TROUP COUNTY SHERIFF'S OFFICE 130 SAM WALKER DR LAGRANGE, GA 30240 SHERIFF JAMES WOODRUFF

CRIMINAL HISTORY CONSENT FORM

I hereby authorize to receive any Georgia				
History Record Information pertaini	ng to me, which n	nay be in the files of any	state or local crimina	
justice agency, in Georgia, and requ	est that the same	be provided pursuant to	this Criminal History	
Consent Form.			•	
		•		
Information of individual for whom	information is req	uested (the "Requestor"):	
			•	
f		·		
Full Name		Sex	Race	
Date of Birth	Socia	Security Number		
			•	
Address	»."			
	•			
Signature of Requestor		Date		
I Compared to the second	·!	*		
Information of Recipient of informat	lion:		·.	
	·			
Signature of Recipient/Title		Date		
Signature of Recipienty Title		Date		
•		· *	•	
Name of business, agency or organiz	ation (if applicable	_ e) .		
italine et auemees, igi ,	, ,,	,	•	
			•	
Address of business, agency or organ	nization (if applical	ole)		
	•			
Special employment provisions:				
1. This report will be used for e	mployment purpo	ses only.		
2. Check <u>IF</u> applicable:			•	
Employment with mentally disabled	(M)			
Employment with elderly	(N)			
Employment with children	(W)			
Employment with children	(~ ~)			

Du	ration of Consent:
0	This authorizations is valid for 90/180/ (circle one) days from the date of signature. This authorization is valid for the duration of my employment with this company. My criminal history record information can be accessed periodically, without further consent.
Lia	bility Waiver/Indemnification:
	It is understood and agreed that neither the Troup County Sheriff, employees or agents of the Troup County Sheriff, nor Troup County, Georgia and/or its employees, officers or agents, shall be responsible for the accuracy of information disseminated nor have any liability for defamation, invasion of privacy, negligence, nor any other claim in connection with any dissemination pursuant to this request and shall be immune from suit based upon such claims. By signing this consent form Requestor and Recipient further agree to hold harmless the Troup County Sheriff, all employees of Troup County Sheriff's Office and Troup County its employees, officers and agents from any civil liability of any kind or description.
Res	sults:
	The information supplied pursuant to this Criminal History Consent Form is provided based on records maintained by GCIC only. For any questions, pertaining to this form, you may contact Susar Whitley at (706) 883-1616 Ext.252
	If an employment, licensing, housing or other decision adverse to the record subject is made, the individual or agency making the adverse decision must inform the record subject of all information pertinent to that decision. This disclosure must include that a criminal history record check was made, specific contents of the record, and the effect the record had upon the decision. Failure to provide such information is a misdemeanor under Georgia law pursuant to O.C.G.A. §§34-3-24, 34-3-35.
	Use of information disseminated shall be limited to the purpose for which it was intended and may

Use of information disseminated shall be limited to the purpose for which it was intended and may not be disseminated further.

DO NOT WRITE BELOW THIS LINE FOR DEPARTMENTAL USE ONLY

See attached prin	cord in GCIC tout from electronic search of GCIC records tion cannot be made, of this subject, without fing	gerprint comparison
Date	 Signature	
Rev'd 01/08/2013 sdw		