



ATLANTA POLICE DEPARTMENT
Criminal History / Arrest Record Request – Consent Form

I hereby authorize _____ to receive any criminal history record information pertaining to me which may be in the files of any State or Local Criminal Justice agency. This authorization is valid for 90 days from date of signature.

(Last) (First) (Middle) Race Sex DOB: ____ / ____ / ____
Month Date Year
(Date of Birth)

(If applicable, maiden name, or name used in the past) Social Security Number
____ / ____ / ____

Address / ____ City / ____ State / ____ Zip Code / ____ Telephone #

Signature Date

Notary Expiration Date

Please check one of following for type of employment:

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

DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)

This statement is to certify that the criminal arrest files of the Atlanta Police Department, Identification Unit, have been searched by name only and reveal the following information on the above listed subject:

- () No Record with our agency
- () No record on Ga. State File / GCIC
- () Arrest Record as follows:
- () See attached GCIC printout

Identification Unit Employee APD# Initials Date

() Fee Waived () Paid