



# CITY OF ATLANTA

Andre Dickens  
Mayor

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404-546-4491  
<http://www.atlantaga.gov>

Atlanta Police Department  
Darin Schierbaum  
Chief of Police

## 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 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 (for mail requests only) 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 the criminal arrest files of the Atlanta Police Department, Identification Unit, City of Atlanta, Georgia have been search 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

**CHARGES** **DATE OF ARREST** **DISPOSITION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
APD # Identification Unit Employee Initials Date

( ) Fee Waived ( ) Paid