ATHENS-CLARKE COUNTY POLICE DEPARTMENT

RELEASE OF CRIMINAL HISTORY CONSENT FORM

ACP-F-I40
Form Number
05/08/2019
Revision Date

PICK UP ☐ MAIL ☐

- ☐ Citizen's Police Academy (Purpose Code 'C')
- ☐ Contractors and vendors (Purpose Code 'C')
- ☐ Employment for firefighter (Purpose Code 'W')
- ☐ Employment with children (Purpose Code 'W')
- ☐ Employment with elder care (Purpose Code 'N')
- ☐ Employment with mentally disabled (Purpose Code 'M')
- ☐ Military (Purpose Code 'E')
- ☐ Other _____ (Purpose Code 'E')
- ☐ Other employment (Purpose Code 'E')
- ☐ Personal copy (Purpose Code 'U')*
- ☐ Public Housing (Purpose Code 'H')
- ☐ Records Restriction (Purpose Code 'E')
- ☐ Ride-Along (Purpose Code 'C')
- ☐ Volunteers and interns for ACCPD (Purpose Code 'J')

**** If requesting personal copy, Purpose Code 'U', the below named individual who is requesting their criminal history is the <u>only</u> person who may pick up the completed Criminal History. A photo ID must be provided at the time of pick up.***

****When submitting a consent form, all applicants must provide a state issued driver's license or ID card that includes a photo.***

I, _____ _____ _____
LAST NAME FIRST NAME MIDDLE INITIAL

_____ _____ _____ _____ _____
SOCIAL SECURITY NUMBER HEIGHT WEIGHT EYE COLOR HAIR COLOR

_____ _____ _____ (_____)_____
DATE OF BIRTH RACE SEX PHONE NUMBER

_____ _____ _____ _____
STREET ADDRESS CITY STATE ZIP CODE

****IF RECORD IS TO BE MAILED, PLEASE INCLUDE THE COMPLETE MAILING ADDRESS IN THIS SECTION****
This section must be completed if attorneys would like their clients paperwork to be returned to them.

I HEREBY AUTHORIZE:

_____
NAME OF PERSON/BUSINESS TO RECEIVE CRIMINAL HISTORY RECORD

_____
STREET ADDRESS OF PERSON/BUSINESS RECEIVING THE CRIMINAL HISTORY RECORD

_____ _____ _____ (_____)_____
CITY STATE ZIP CODE PHONE NUMBER

TO RECEIVE MY CRIMINAL HISTORY RECORD FROM:

Athens-Clarke County Police Department
3035 Lexington Road, Athens, GA 30605
Phone Number: (706) 613-3330

_____
SIGNATURE OF SUBJECT

NOTICE: INCOMPLETE FORMS WILL NOT BE PROCESSED.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 20_____

_____
NOTARY PUBLIC