

ATHENS-CLARKE COUNTY POLICE DEPARTMENT



RELEASE OF CRIMINAL HISTORY CONSENT FORM

ACP-F-140

Form Number

04/16/14

Revision Date

PICK UP [ ] MAIL [ ]

- Employment with mentally disabled (Purpose code 'M')
- Employment with children (Purpose code 'W')
- Employment with elder care (Purpose code 'N')
- Other Employment (Purpose code 'E')
- Public Housing (Purpose code 'H')
- Records Restriction (Purpose code 'E')
- Other \_\_\_\_\_ (Purpose code 'E')

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.*

*\*Attorneys need to complete this section if they would like their clients paperwork to come back 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 # 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