

PERSONAL REQUEST FOR CRIMINAL HISTORY

I. IDENTIFYING IDENTIFICATION

To be completed by the person making the request (please print in dark ink)

NAME _____
Last First Middle Other

ADDRESS _____
Number Street (Apartment/Unit) City State Zip Code

DATE OF BIRTH _____ SEX: Male _____ Female _____

RACE: African-American _____ Asian _____ White _____ Other (Specify) _____

Note: "Mixed" or "Hispanic" cannot be processed.

SOCIAL SECURITY NUMBER _____ STATE/NATION (IF NOT U.S.) OF BIRTH _____

TELEPHONE: _____ REASON FOR REQUEST : _____

II. INFORMED CONSENT

I understand that any person who knowingly requests, obtains, or attempts to obtain criminal history record information under false pretenses, commits a felony under Georgia law and is subject to fines and/or imprisonment upon conviction. I hereby authorize the Emory Police Department to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

SIGNATURE: _____ DATE: _____

III. AUTHENTICATION OF REQUEST

The applicant may either present a request with a notarized signature, or present a request accompanied by government-issued photo identification, witnessed by the staff of the Emory Police Department.

A. NOTARIZED SIGNATURE:

APPLICANT: _____ DATE: _____
NOTARY SIGNATURE : _____ SEAL: _____

B. WITNESSED IDENTIFICATION:

FORM OF IDENTIFICATION: Drivers License (state and number) _____
Passport (nation and number) _____
Military ID (number) _____
Other (specify type and number) _____

WITNESS SIGNATURE: _____ DATE: _____

IV. RESULT (completed by Emory Police Department)

NO RECORD RECORD LOCATED INDETERMINATE (Need more information to interpret result)

OPERATOR _____
Original copy to be retained by the Emory Police Department.

DATE _____