



CODE ENFORCEMENT
140 Stonewall Avenue West, Ste. 202
Fayetteville, Georgia 30214
Main Line: 770-305-5417
www.fayettecountyga.gov



AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Fayette County Marshal's Office to receive any Georgia criminal history record information obtained through the Georgia Crime Information Center (G.C.I.C.)

All information must be completely filled out.

LAST FIRST MIDDLE MAIDEN

STREET ADDRESS CITY STATE ZIP

DATE OF BIRTH

SEX

SOCIAL SECURITY NUMBER

RACE: AMERICAN INDIAN ASIAN BLACK WHITE

(Per GCIC/NCIC guidelines, only the above races will be accepted for Criminal History purposes by the Georgia Crime Information Center.)

Department: _____

Purpose: _____

Please check all that applies:

- Employment/Permitting/Volunteer (Purpose Code 'E')
- Employment/volunteer work with children (Purpose code 'W')
- Employment/volunteer work with elder care (Purpose code 'N')
- Employment/volunteer work with mentally disabled (Purpose code 'M')

This authorization is valid for 90 days from date of signature.

Signature: _____ Date: _____

Criminal History Result:

Approved

Denied