



Fayette County Sheriff's Office

BARRY H. BABB
SHERIFF

Randall Johnson Law
Enforcement Center
155 Johnson Avenue
Fayetteville, Georgia 30214
(770) 461-6353
EMERGENCY: 9-1-1

Pursuant to O.C.G.A § 35-3-34(a)(1)(A), GCIC Council Rule 140.2-.04 states, "At the time of each request, requestors shall provide the signed consent of persons whose criminal history records are sought". The signed consent must include, as a minimum, the person's full name, address, social security number, race, sex, date of birth and date signed. Changes, strikethroughs or white out/liquid paper are not permissible. **Persons must complete a new consent form if a change or correction is necessary.**

CIRCLE ONE PURPOSE CODE

- 'E' (regular employment)
- 'M' (mentally disabled)
- 'N' (elder care)
- 'W' (children)
- 'J' (criminal justice agency – civilian)
- 'Z' (criminal justice agency P.O.S.T. certified)

Name of Requestor

Fayette County

Name of Company/Organization

Parks and Recreation

Department

Reason

I hereby authorize **Fayette County Sheriff's Office** to receive any Georgia or III criminal history information pertaining to me as authorized under state and federal law for individuals seeking employment or volunteer work with children, the elderly or mentally disabled.

Full Name (Print)

Date of Birth

Sex

Race

Social Security Number

Driver's License Number

State

Street Address

City

State

Zip Code

Signature

Date

Notary Public

My Commission Expires

Notary Seal

One of the following must be checked:

- This authorization is valid for 90/180/_____(circle one) days from date of signature.
 - I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company
- If no date is listed on this form, consent is valid for 90 days from date of signature.

Departmental Use

Reviewed by