

Criminal History Consent Form

I, _____
Last Name First Name Middle Name

Race: _____ Height: _____

Sex: _____ Weight: _____

DOB: _____ Eye Color: _____

SSN: _____ Hair Color: _____

Authorize:

FORT OGLETHORPE FIRE & RESCUE
Name of Agency/Individual

Name of Person to pick up record

201 FORREST ROAD
Street Address

FORT OGLETHORPE	GA	30742
City	State	Zip Code

To receive my criminal history record from the Fort Oglethorpe Georgia Police Department.

Signature of person

Notarized:

Seal required

Unless all blanks on this form are completed and form notarized, no information will be released.