



APPOINTMENT TIME

ROSWELL POLICE DEPARTMENT

Criminal History Release Form

The following information must be completed in order to receive any criminal history information pertaining to you that is contained in the files of the State of Georgia. Your record will be checked using the Georgia Crime Information Center (GCIC) database and will be for the State of Georgia only. If no criminal history is on file, this form will be stamped stating so. If a criminal history is on file with the State of Georgia, a copy will be printed for you. A government issued ID will be required.

PLEASE PRINT CLEARLY AND FILL IN ALL SPACES

NAME: Last: _____ First _____ Middle _____

MAIDEN and/or PREVIOUS LAST NAMES: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SEX: _____ SOCIAL SECURITY #: _____

EMAIL ADDRESS: _____ PHONE: _____

NAME OF EMPLOYER REQUESTING BACKGROUND: _____

EMPLOYER'S ADDRESS: _____

CHECK ANY OF THE FOLLOWING THAT APPLY

Are you an applicant for employment providing care to:

Children (including adoption)

Elderly

Mentally Ill

City of Roswell Applicant

None of the above

If you are giving authorization for someone other than yourself to pick up your completed background check, please provide their full name:

Your Signature

Date Signed

OFFICIAL USE ONLY