

# **Coweta County Sheriff's Office**

560 Greison Trail, Newnan, Ga. 30263

(770) 253-1502

I hereby authorize JIM GAY to  
Recipient's Name (Not Business Name)  
receive any Georgia criminal history record information as authorized by state.

Full Name (print):			
Alias, Maiden or Other Names used:			
Address:			
Sex:	Race:	Date of Birth:	SSN:

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

☐ I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary that verified information and signature/ Date

\_\_\_\_\_  
Seal

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (Choose below) - \$10.00 each for (E,M,N,U,W) / \$20.00 each for (P)

<input type="checkbox"/>	E - Employment / Consent Required
<input type="checkbox"/>	M - Working with Mentally Disabled / Consent Required
<input type="checkbox"/>	N - Working with Elderly / Consent Required
<input type="checkbox"/>	P - Public Records / No Consent Required / Returns GEORGIA felony convictions only / \$20.00 ea.
<input type="checkbox"/>	U - Personal Copy / Consent Required / Person or Attorney Only
<input checked="" type="checkbox"/>	W - Working with Children / Consent Required

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

\_\_\_\_\_  
CCSO NOTARY or CCSO employee Signature

\_\_\_\_\_  
Date