



PHIL D. MILLER, SHERIFF

Stan Copeland
Chief Deputy

M.O. Harper
Major, Operations

Tommy Wheeler
Major, Professional Standards

Administration & Enforcement

6856 Broad Street

Douglasville, Georgia 30134

(770) 942-2121

Jail & Records

6840 West Church Street

Douglasville, Georgia 30134

CRIMINAL BACKGROUND CONSENT FORM

I hereby authorize Darin Sims

(Name of person receiving history)

to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency, in the state of Georgia.

NAME: (LAST) (FIRST) (MIDDLE)

ADDRESS: (STREET)

CITY: STATE: ZIP:

SEX: RAC: DOB: SOC:

SIGNATURE:

DATE:

NOTARY; EXP. DATE:

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

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.