

**RICHMOND COUNTY SHERIFF'S OFFICE  
RONALD STRENGTH, SHERIFF  
JOINT LAW ENFORCEMENT CENTER  
401 WALTON WAY  
AUGUSTA, GA 330901  
706-821-1010 OR 821-1472**

**CONSENT FOR PERSONAL RECORDS CHECK**

I, \_\_\_\_\_ (Complete Full Name, Nombre Completo), hereby request to receive any Criminal History Record Information pertaining to me which may be in the files of Georgia Crime Information Center relating to my record with any Criminal Justice Agency providing that information.

I expressly release the Richmond County Sheriff's Office from any and all liability claim elating to the acquisition and release of any information pertaining to me.

**Print the following information:**

Full Name \_\_\_\_\_  
Nombre Completo \_\_\_\_\_

Address \_\_\_\_\_  
Direccion \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_  
Giudad, Estado, Numero decodigo \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ State of Birth \_\_\_\_\_  
Sexo \_\_\_\_\_ Raza \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_

Social Security No. \_\_\_\_\_  
# del Seguro Social \_\_\_\_\_

I affirm with my signature below, that ***ALL of the above information is TRUE***. I understand that the information will be available within three working days. ***My alteration of this form after completion may lead to prosecution.***

\_\_\_\_\_  
SIGNATURE, FIRMA

\_\_\_\_\_  
DATE, DIA

**Record Use Only**

**SID#** \_\_\_\_\_

**EMPLOYMENT/ OTHER PURPOSE:** \_\_\_\_\_  
**WORK WITH ELDERY:** \_\_\_\_\_  
**WORK WITH MENTALLY ILL:** \_\_\_\_\_

**GOVT HOUSING PURPOSE:** \_\_\_\_\_  
**WORK WITH CHILDREN:** \_\_\_\_\_