



Donny Turner

Sheriff of Troup County

130 SAM WALKER DRIVE
LAGRANGE, GEORGIA 30241

OFFICE PHONE
706/883-1616

FAX
706/883-3012

Criminal history consent form

I hereby authorize Faith Baptist Church to
(Person or company name to receive criminal history)

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

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

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.

By signing this consent form, I agree to hold harmless Sheriff Donny Turner, all employees of Troup County Sheriff's Office, and Troup County government from any civil liability of any kind or description. The information supplied due to this form is based on GCIC/NCIC only.

For any questions, you may contact Susan Whitley at (706) 883-1616 Ext.252

Do not write below this line, for departmental use only.

_____ No identifiable record in GCIC

_____ See attached printout from electronic search

_____ Positive identification can not be made of this subject without fingerprint comparison

Date

Signature of approving official