



ATHENS-CLARKE COUNTY POLICE DEPARTMENT
RELEASE OF CRIMINAL HISTORY CONSENT FORM

ACP-F-140
Form Number
05/08/2019
Revision Date

PICK UP [ ] MAIL [ ]

- [ ] Citizen's Police Academy (Purpose Code 'C')
[ ] Contractors and vendors (Purpose Code 'C')
[ ] Employment for firefighter (Purpose Code 'W')
[ ] Employment with children (Purpose Code 'W')
[ ] Employment with elder care (Purpose Code 'N')
[ ] Employment with mentally disabled (Purpose Code 'M')
[ ] Military (Purpose Code 'E')
[ ] Other (Purpose Code 'E')
[ ] Other employment (Purpose Code 'E')
[ ] Personal copy (Purpose Code 'U')\*
[ ] Public Housing (Purpose Code 'H')
[ ] Records Restriction (Purpose Code 'E')
[ ] Ride-Along (Purpose Code 'C')
[ ] Volunteers and interns for ACCPD (Purpose Code 'J')

\* If requesting personal copy, Purpose Code 'U', the below named individual who is requesting their criminal history is the only person who may pick up the completed Criminal History. A photo ID must be provided at the time of pick up.

\*When submitting a consent form, all applicants must provide a state issued driver's license or ID card that includes a photo.

I, LAST NAME FIRST NAME MIDDLE INITIAL

SOCIAL SECURITY NUMBER HEIGHT WEIGHT EYE COLOR HAIR COLOR

DATE OF BIRTH RACE SEX PHONE NUMBER

STREET ADDRESS CITY STATE ZIP CODE

\*IF RECORD IS TO BE MAILED, PLEASE INCLUDE THE COMPLETE MAILING ADDRESS IN THIS SECTION\*

This section must be completed if attorneys would like their clients paperwork to be returned to them.

I HEREBY AUTHORIZE:

NAME OF PERSON/BUSINESS TO RECEIVE CRIMINAL HISTORY RECORD

STREET ADDRESS OF PERSON/BUSINESS RECEIVING THE CRIMINAL HISTORY RECORD

CITY STATE ZIP CODE PHONE NUMBER

TO RECEIVE MY CRIMINAL HISTORY RECORD FROM:

Athens-Clarke County Police Department
3035 Lexington Road, Athens, GA 30605
Phone Number: (706) 613-3330

SIGNATURE OF SUBJECT

NOTICE: INCOMPLETE FORMS WILL NOT BE PROCESSED.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS DAY OF, 20

NOTARY PUBLIC