



# Fayette County Sheriff's Office

**BARRY BABB  
SHERIFF**

Randall Johnson Law  
Enforcement Center  
155 Johnson Avenue  
Fayetteville, Georgia 30214  
(770) 461-6353  
EMERGENCY: 9-1-1

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Fayette County Sheriff's Office to receive any Georgia criminal history record information obtained through the Georgia Crime Information Center (G.C.I.C.) All information must be completely filled out.

\_\_\_\_\_  
LAST                      FIRST                      MIDDLE                      MAIDEN

\_\_\_\_\_  
STREET ADDRESS                      CITY                      STATE                      ZIP

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH                      SEX                      RACE                      SOCIAL SECURITY NUMBER

**Name the person and company/organization that will be receiving this information.  
Please check N/A if this does not apply.**

\_\_\_\_\_  
Name of Requestor

\_\_\_\_\_  
Name of Company/Organization

\_\_\_\_\_  
N/A

**Please check all that applies.**

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

**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.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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