



PAULDING COUNTY SHERIFF'S OFFICE

SHERIFF GARY GULLEDGE

180 Constitution Blvd.
Dallas, Georgia 30132

Office (770) 443-3010
Jail (770) 443-3030
Fax (770) 443-3014

CONSENT

I hereby authorize Paulding County Sheriff's Office to run any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia for personal and/or requesting organization review.

Full Legal Name (print): _____
First Middle Last Date of Birth

Race: (check only one option) Black White Other: _____ Sex: Male Female

Maiden Name: _____ Social Security Number: _____

Driver's License: _____
State Number

Address: _____

Phone Number: _____ Email: _____

This authorization is valid for 30 days from date of signature.

Signature of Requestor Listed Above: _____ Date: _____

Notary (not valid without notary seal, signature, and date) _____ Date: _____

Organization's Name: New Hope Sports Association

Organization's Telephone Number: 404-379-8403

Purpose of consent (check **ONE**):

- Non-Criminal Justice Employment and Licensing (Purpose code 'E')
- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Personal Inspection (Purpose code 'U')

DO NOT WRITE BELOW THIS LINE OFFICIAL USE ONLY

The inquiry resulted in the following (check all that apply):

- No Criminal Record Available
- Criminal Record (attached/released)
- No NCIC/GCIC Warrant
- Possible NCIC/GCIC Warrant (list wanting agency)

Agency Designee Signature and Title _____ Date: _____ Time: _____