

A criminal background check must be completed on every adult that participates in SPLASH Gordon. This form must be signed and notarized before it can be sent to the Sheriff's office.

GORDON COUNTY SHERRIF'S OFFICE
Mitch Ralston, Sheriff

CRIMINAL RECORD RELEASE-CONSENT AGREEMENT

I, _____ hereby authorize the Sheriff of Gordon County and/or his deputy, agent or employee to conduct an inquiry into any criminal history records pertaining to myself which may be in any local, state, or federal files or database, including the Sheriff's Office, Superior and/or other Courts, the Georgia Crime Information Center (GCIC) and/or the National Crime Information Center (NCIC).

FULL NAME: _____

SS# _____ **DOB** _____ **SEX** _____ **RACE** _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

My signature below certifies I am the individual listed above and that the information provided is true and correct.

SIGNATURE _____ **DATE** _____

Notary Public, State Of Georgia-At-Large

My commission Expires _____

PLEASE NOTE: ANY APPLICABLE CHARGES ASSESSED BY THIS AGENCY FOR THIS SERVICE WILL BE THE RESPONSIBILITY OF THE APPLICANT.

THIS INQUIRY HAS HAS NOT RESULTED IN THE RECEIPT OF CRIMINAL HISTORY RECORDS OF THE APPLICANT ABOVE.

GORDON COUNTY SHERIFF'S OFFICE