



NCIC/GCIC HISTORY REQUEST

Fulton County Sheriff's Office
Background Investigation Section
185 Central Ave S.W., 9th Floor
Atlanta, GA 30303
404-612-5100
www.fultonsheriff.net

Date: _____ Position Applied For: _____

Print Full Name: _____

List Any Other Names Used: _____

(Alias, Maiden, Nickname, etc.)

Race: _____ Sex: _____ D.O.B.: _____ Place of Birth: _____

SSN: _____ Driver's License No.: _____

State of Issue: _____ Class Type: _____ Expiration: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone(s): _____

List on the line directly below all states in which you have been issued a driver's license:

List on the line directly below all states in which you have lived:

<p>CONSENT FOR CRIMINAL HISTORY RECORDS INQUIRY</p> <p>I, _____, hereby authorize the Fulton County Sheriff's Office to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.</p> <p>Signature: _____ Date: _____</p>
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| OFFICAL USE ONLY |
DO NOT WRITE BELOW THIS LINE

Terminal Operator, please check criminal history records for the following reason:

- | | |
|--|---|
| <input type="checkbox"/> Background Investigations | <input type="checkbox"/> Driver License History |
| <input type="checkbox"/> Criminal Investigation | <input type="checkbox"/> Miscellaneous Request |

Requested by: _____
Print Name Signature

Comment: _____