GWINNETT COUNTY POLICE DEPARTMENT

770 Hi-Hope Road
Lawrenceville, GA 30043

VOLUNTEER PROGRAM

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Gwinnett County Police Department to obtain and/or receive any criminal history and/or driving history records/information pertaining to me, which may be in the files of any federal, state or local criminal justice agency in Georgia, any other state or any other country.

The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied or otherwise reviewed:

CRIMINAL HISTORY RECORD
DRIVER HISTORY RECORD

A photocopy of this release form will be valid as an original hereof even though the said photocopy does not contain an original writing of my signature. This release is executed with full knowledge and understanding that the information is for the official use of the Gwinnett County Police Department in determining my suitability to volunteer in the department.

I hereby waive and release any claims against any party, which I may have as a result of the release of any records or information referenced in this authorization. I acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

I am furnishing my Social Security number on a voluntary basis with the understanding that it is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate the location of the above information/records concerning me in connection with this authorization. Should there be any questions as to the validity of this release you may contact me as indicated below.

Name _____ _____ _____
Please Print Full Name — Signature — Date Signed

Driver's License No. _____ Social Security No. _____

Complete Home Address: _____
_____
_____

Home Phone: _____ Mobile Phone: _____ Other Phone: _____

Race _____ Sex M ☐ F ☐ Date of Birth: _____