

# GWINNETT COUNTY POLICE DEPARTMENT CRIMINAL HISTORY REQUEST FORM

I hereby authorize the Gwinnett County Police Department to receive any criminal history record information pertaining to me that may be in the files of any state and/or local criminal justice agency in **GEORGIA**.

PLACE COPY OF VALID  
GOVERNMENT ISSUED  
PHOTO IDENTIFICATION HERE

Please list reason for this request.

\_\_\_\_\_

\_\_\_\_\_

Special Conditions

Employment/Volunteer with Mentally Disabled-M

Employment/Volunteer with Elder Care-N

Employment/Volunteer with Children-W

Expungement/Record Restriction - E

Case # \_\_\_\_\_

Full Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Street/Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER'S LICENSE #
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Previous Last Names: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

I authorize RELEASE TO: \_\_\_\_\_

OR REQUEST MAILED TO: \_\_\_\_\_

(seal) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTARY: \_\_\_\_\_ DATE: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

<b>RESULTS:</b>	The inquiry resulted in the following: (mark all that apply)	
<input type="checkbox"/> NO GEORGIA CHRI RESULTS AVAILABLE	By affixing the Unit Seal, I certify that a Criminal History Request through <b>GEORGIA</b> was completed at the Gwinnett County Police Department using Purpose Code _____.	
<input type="checkbox"/> GEORGIA—CHRI ATTACHED/number of pages _____		
<input type="checkbox"/> NO NCIC/GCIC WARRANT RESULTS AVAILABLE		
<input type="checkbox"/> POSSIBLE WARRANT. CONTACT AGENCY BELOW		
WANTING AGENCY NAME:		
AGENCY TELEPHONE #:		Signature of Associate <span style="float: right;">Date</span>