



GWINNETT COUNTY POLICE DEPARTMENT REQUEST FOR LOCAL RECORDS CHECK

Requester Name:	Requester ID (Check only one) <input type="checkbox"/> Individual/Non Criminal Justice Agency <input type="checkbox"/> Criminal Justice Agency
Address	City/State/Zip
Telephone Number (including Area Code)	

First Name	Middle Name	Last Name
Other Names Used (Maiden name, AKA names, etc.)		Date of Birth
Current Residential Address		
City	State	Zip Code
Driver's License #	SSN	

Please fill request via:

- Mail to address provided
- Email to address provided _____
- Call for pick up

You have requested a background check on the above listed individual. In addition to completing this form you must provide: (**ONE** request per form)

- \$5.00 cash or cashier's check (make cashier's checks payable to "GCPD")

If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take three days or longer to process. **ONE** request per form.

This response is based on a comparison of data provided by the requester against the information contained in the files of the Gwinnett County Police Department only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies. **Please note: Authentic completed forms will have a raised certified seal for authentication purposes.**

Records Attached

No Records Found

DATE: _____ Information Provided By: _____

Title: _____

DATE: _____ CASH/CHECK # _____ RECORDS TECH INITIALS: _____

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