



HART COUNTY SHERIFF

Mike Cleveland
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CRIMINAL HISTORY RECORD INFORMATION CONSENT FORM

I HEREBY AUTHORIZE PATRICIA WERNER OF CIS/HART PARTNERS, INC. TO RECEIVE ANY CRIMINAL RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY. State _____ ZIP _____

Home phone: _____ Work phone: _____

FULL NAME PRINTED

ADDRESS

City

State

Zip Code

SEX

RACE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

PHONE NUMBER

DATE

SIGNATURE

HART COUNTY SHERIFF'S OFFICE

SIGNATURE

CHECK EMPLOYMENT PURPOSE CODE USED:

EMPLOYMENT WITH MENTALLY DISABLED (M)

EMPLOYMENT WITH ELDER CARE (N)

EMPLOYMENT WITH CHILDREN (W) – VOL.

ALL OTHERS, USE (E)

THERE IS NO CRIMINAL HISTORY RECORD FOUND ON THIS SUBJECT.

THE CRIMINAL HISTORY RECORD FOUND ON THIS SUBJECT IS ATTACHED.