



**DANIELSVILLE POLICE DEPARTMENT**  
 10 Government Circle  
 Danielsville, GA 30633

|   |                 |            |               |     |
|---|-----------------|------------|---------------|-----|
| <b>CRIMINAL HISTORY<br/>REQUEST FORM</b>  | Effective Date: | 11/22/2024 | # of Pages:   | 1   |
|   | Revised Date:   | N/A        | Distribution: | N/A |
| <b>READ THE FRONT AND BACK OF THIS FORM CAREFULLY<br/>         ALL REQUESTED INFORMATION AND SIGNATURES MUST BE PROVIDED<br/>         NO OTHER FORMS WILL BE ACCEPTED</b> |                 |            |               |     |

- Photo identification is REQUIRED and a copy will be made and attached to this form by city hall employees. When picking up your criminal history, you must present photo ID again.
- There is a non-refundable fee of \$20 for each criminal history request, no request will be completed without the non-refundable fee being paid. YOU will be contacted when your request is completed.
- Alcohol handler applicants: A 30-day temporary permit will be assigned to you, during which time you may sell alcohol as normal.
- Your criminal history may be picked up by a third party if YOU fill out and sign the required fields, otherwise only YOU may pick up YOUR criminal history.
- Once ran, the City of Danielsville will NOT keep a copy of your criminal history on. If you wish to have a copy printed for your records **you must request one** on this form.

| <b>REQUESTOR INFORMATION (PRINT – THIS INFORMATION MUST MATCH DRIVER’S LICENSE)</b> |  |
|---|--|
| FULL LEGAL NAME:  |  |
| ADDRESS:  |  |
| DATE OF BIRTH:  |  |
| SEX:  |  |
| HEIGHT/WEIGHT/EYE/HAIR:   |  |
| SOCIAL SECURITY NUMBER:   |  |
| CITY & STATE OF BIRTH:  |  |
| TELEPHONE:  |  |

| <b>THIRD PARTY RELEASE AUTHORIZATION (PRINT)</b>  |  |
|---|--|
| AUTHORIZED 3 <sup>RD</sup> PARTY NAME:  |  |
| AUTHORIZED 3 <sup>RD</sup> PARTY CONTACT:   |  |
| I (sign) _____ hereby authorize the Danielsville Police Department to release my criminal history to (print) _____ for the purposes of _____. I also certify that any person (s) who may furnish such information to this person shall not be held accountable for giving this information to the person(s) I authorized; and I do hereby release said person(s) from any and all liability for damages of whatever kind or nature which may at any time result to me on account of their disclosure by me or my failure to secure the records. |  |

| <b>CRIMINAL HISTORY PURPOSE (INITIAL)</b>      |  |       |
|--|--|-------|
| Alcohol Handler Permit                         |  | PUR/E |
| Employment working primarily with mentally ill |  | PUR/M |
| Employment working primarily with elderly      |  | PUR/N |
| Employment working primarily with children     |  | PUR/W |
| Other (please specify):                        |  |       |



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**RELEASE STATEMENT:**

I (print) \_\_\_\_\_, am at least 18 years of having been born on \_\_\_\_\_. I hereby authorize the City of Danielsville to access and receive my full criminal history record information (CHRI) on me through either the U.S. Department of Justice or any state or county agency anywhere in the United States and to disclose that information to me or an authorized third-party person as described in the THIRD-PARTY RELEASE section.

I, (print) \_\_\_\_\_, do hereby understand that I am requesting and picking up a copy of my Georgia Criminal History Record or GCIC/NCIC search results. I understand that once these records are in my possession, I am responsible for them and cannot hold the City of Danielsville responsible or liable for their disclosure.

I understand and certify that, if I choose to release my criminal history information to other parties that I may incur damage to myself, my reputation, and/or my potential to be hired or fired. I also understand that if I do not attempt to keep these records secure their unintentional release could occur if they are stolen/lost or discovered by another party.

I also certify that any person (s) who may furnish such information to me shall not be held accountable for giving this information to me; and I do hereby release said person(s) from any and all liability for damages of whatever kind or nature which may at any time result to me on account of their disclosure by me or my failure to secure the records.

\_\_\_\_\_  
 REQUESTOR SIGNATURE      DATE

I REQUEST TO HAVE A COPY OF MY CRIMINAL HISTORY: [ \_\_\_\_\_ ]

|                                       |      |
|---------------------------------------|------|
| SWORN TO AND SUBSCRIBED BEFORE ME ON: | SEAL |
| _____<br>NOTARY SIGNATURE             |      |

| PROCESSING (INITIAL)        |  |
|-----------------------------|--|
| DATE RECEIVED:              |  |
| FEE RECEIVED:               |  |
| CRIMINAL HISTORY LOGGED:    |  |
| CRIMINAL HISTORY PICKED UP: |  |
| <b>EXPEDITE REQUESTED:</b>  |  |

**Expedite requests are not guaranteed, we will attempt to do our best to get them quickly**

| ALCOHOL HANDLER PERMIT PROCESSING (INITIAL) |  |
|---|--|
| QUALIFIED:                                  |  |
| DISQUALIFIED:                               |  |
| DISQUALIFICATION REASON:                    |  |
| APPROVED:                                   |  |



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