



DANIELSVILLE POLICE DEPARTMENT  
 10 Government Circle  
 Danielsville, GA 30633

**CRIMINAL HISTORY  
 REQUEST FORM**

Effective Date: 11/01/2023  
 Revised Date: N/A

# of Pages: 1  
 Distribution: N/A

**READ THE FRONT AND BACK OF THIS FORM CAREFULLY  
 ALL REQUESTED INFORMATION AND SIGNATURES MUST BE PROVIDED  
 BEFORE A HISTORY IS RAN AND RETURNED TO REQUESTOR**

- 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 \$10 for each criminal history request, no request will be completed without the non-refundable fee being paid. Records requests will be ready the next business day.
- 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 file and will shred-printed copies if one is made. If you wish to have a copy printed for your records you must request one on this form.

REQUESTOR INFORMATION (PRINT)	
FULL LEGAL NAME:	
ADDRESS:	
DATE OF BIRTH:	
SEX:	
HEIGHT/WEIGHT/EYE/HAIR:	
SOCIAL SECURITY NUMBER:	
CITY & STATE OF BIRTH:	
TELEPHONE:	

THIRD PARTY RELEASE AUTHORIZATION (PRINT)	
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.	

CRIMINAL HISTORY PURPOSE (INITIAL)		
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

SWORN TO AND SUBSCRIBED BEFORE ME ON:	SEAL
NOTARY SIGNATURE	

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

<b>ALCOHOL HANDLER PERMIT PROCESSING (INITIAL)</b>	
QUALIFIED:	
DISQUALIFIED:	
DISQUALIFICATION REASON:	
APPROVED:	