



**CITY OF NORCROSS  
POLICE DEPARTMENT**

*"Commitment to Excellence"*

**Richard L. Miller**  
*Chief of Police*

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**CONSENT FORM FOR THE RELEASE OF CRIMINAL HISTORY RECORD INFORMATION**

**THIS FORM MUST BE SIGNED ONLY IN THE PRESENCE OF A NOTARY PUBLIC**

I hereby authorize the Norcross Police Department to receive any and all criminal history record information pertaining to me, which may be in the files of any State and/or local criminal justice agency in Georgia and release the information to SIMPSONWOOD UMC as part of my application for employment.

Full Name (printed): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Operator Name (printed): \_\_\_\_\_ Badge #: \_\_\_\_\_

**O.C.G.A. 35-3-34(C)** In the event that a decision is made adverse to a person whose record was obtained pursuant to this code section; the person will be informed by the business or person making the adverse decision of all information pertinent to this decision. This shall include information that a record was obtained from the Georgia Crime Information Center, the specific contents of the record, and the effect that the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision is a misdemeanor.

Sworn and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

My commission expires on: \_\_\_\_\_

Commission seal