



South Fulton Police Department

5440 Fulton Industrial Blvd · Atlanta, Georgia 30336
Phone: (470) 809-7300

Keith Meadows
Chief of Police

Consent Form for GCIC/NCIC Records Check

I authorize the **SOUTH FULTON POLICE DEPARTMENT** to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

I, _____, confirm that I have received a copy of the Privacy Rights Act Statement for Criminal Justice Employment. I further confirm that I have read and understand the guidelines listed in the Privacy Act Statement for Non-Criminal Justice Purposes.

DATE: _____

PRINT FULL NAME: _____

MAIDEN NAME/PREVIOUS NAME/ALIAS INFO: _____

ARE YOU A U.S. CITIZEN? YES _____ NO _____

If no, you will need to have your Green Card available. Country of Birth _____

DATE OF BIRTH _____ RACE _____ SEX _____ SOCIAL SEC# _____

STREET ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SIGNATURE OF APPLICANT _____

CIS TECH: _____ DATE COMPLETED: _____

RECORD ATTACHED: _____ NO RECORD: _____