

# COFFEE COUNTY SHERIFF'S DEPARTMENT

225 West Bryan Street  
Douglas, Georgia 31533  
(912) 384-4227

## REQUEST FOR DISSEMINATION OF RECORDS AND INFORMATION INDIVIDUAL'S CONSENT

(Pursuant to O.C.G.A. 35-3-34; O.C.G.A. 35-3-35 & O.C.G.A. 20-2-211)

I, the undersigned, hereby authorize the Coffee County Board of Education to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia or the Federal Bureau of Investigation.

\_\_\_\_\_  
Subject of Inquiry/Full Name Printed

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

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth Soc. Sec. # Phone No.

\_\_\_\_\_  
Signature/Subject of Inquiry

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commission Exp.

## REQUESTOR'S ACKNOWLEDGEMENT

**Disclosure Provision:** In the event that an employment or licensing decision is made adverse to the person above, the person must be informed, by the individual or group making the decision, of all pertinent information which resulted in the adverse decision. This disclosure shall include information that a record was obtained, the specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information to this person shall be a misdemeanor.

### REQUESTING:

- CCSO Record Only
- GCIC Record
- FBI Record

Requestor's Signature:

\_\_\_\_\_  
for the Coffee County Board of Education

Dissemination Officer \_\_\_\_\_ Date \_\_\_\_\_