

Instructions for Criminal History Form

- 1) Place Check Mark in **ONLY** one of the boxes at the top of the form as to the reason that closest fits your situation as to why you're having your Criminal History run. If the Job or internship you will be doing will require that you to have contact with Children, Elderly or Mentally Incapacitated Individuals In any way or fashion, you are ~~required to choose the one most applicable to that position and mark only one~~ checkbox. If you have questions and/or problems deciding which one to mark, please contact:

Mrs. Nyndaly Latimore,Criminal Records;

nyndaly.latimore@accgov.com

(762)400-7150

Or (762)400-7132

- 2)Fill out all identifiers on the form and fill out(middle section) where you would like Criminal History to be Mailed.

- 3)Have client sign this form in the presence of a notary>(*I.e-have form notarized)

Send the Following Items with the Form:

*Copy of Your VALID U.S. Drivers' License or Valid U.S. Passport

*Signed & Notarized-(In Presence of a Notary)

**Check or Money Order (Properly Completed& Signed) for \$20.00 Payable to: "ACCPD"

MAIL TO the "ATTN" of:

Mrs. Nyndaly Latimore-Criminal Records-C/O Athens-Clarke County Police Department

3035 Lexington Road, Athens, GA 30605.



ATHENS-CLARKE COUNTY POLICE DEPARTMENT

RELEASE OF CRIMINAL HISTORY CONSENT FORM

PICK UP [] MAIL []

ACP-F-140
Form Number
01/14/2019
Revision Date

- Citizen's Police Academy (Purpose Code 'C')
- Contractors and vendors (Purpose Code 'C')
- Employment for firefighter (Purpose Code 'W')
- Employment with children (Purpose Code 'W')
- Employment with elder care (Purpose Code 'N')
- Employment with mentally disabled (Purpose Code 'M')
- Military (Purpose Code 'E')
- Other _____ (Purpose Code 'E')
- Other employment (Purpose Code 'E')
- Personal copy (Purpose Code 'U')*
- Public Housing (Purpose Code 'H')
- Records Restriction (Purpose Code 'E')
- Ride-Along (Purpose Code 'C')
- Volunteers and interns for ACCPD (Purpose Code 'J')

* If requesting Personal copy, Purpose Code 'U', the below named individual who is requesting their criminal history is the only person who may pick up the completed Criminal History. A photo ID must be provided at the time of pick up.

LAST NAME	FIRST NAME	MIDDLE INITIAL
SOCIAL SECURITY NUMBER	HEIGHT	WEIGHT
DATE OF BIRTH	RACE	SEX
STREET ADDRESS	CITY	STATE
	ZIP CODE	HAIR COLOR
	EYE COLOR	PHONE NUMBER

**IF RECORD IS TO BE MAILED, PLEASE INCLUDE THE COMPLETE MAILING ADDRESS IN THIS SECTION*
Attorneys need to complete this section if they would like their clients paperwork to come back to them.*

I HEREBY AUTHORIZE:

NAME OF PERSON/BUSINESS TO RECEIVE CRIMINAL HISTORY RECORD

STREET ADDRESS OF PERSON/BUSINESS RECEIVING THE CRIMINAL HISTORY RECORD

CITY STATE ZIP CODE PHONE NUMBER

TO RECEIVE MY CRIMINAL HISTORY RECORD FROM:

Athens-Clarke County Police Department
3035 Lexington Road, Athens, GA 30605
Phone Number: (706) 613-3330

SIGNATURE OF SUBJECT

NOTICE: INCOMPLETE FORMS WILL NOT BE PROCESSED.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 20____

NOTARY PUBLIC