



THEODORE JACKSON  
Sheriff

# FULTON COUNTY SHERIFF'S OFFICE

## Background Investigation Section

### NCIC/GCIC History Request

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

List Any Other Names Used: \_\_\_\_\_  
(Alias, Maiden, Nickname, etc.)

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

State of Issue: \_\_\_\_\_ Class Type: \_\_\_\_\_ Expiration: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Other Phone(s): \_\_\_\_\_

List on the line directly below all states in which you have been issued a driver's license:  
\_\_\_\_\_

List on the line directly below all states in which you have lived:  
\_\_\_\_\_

<p><b>CONSENT FOR CRIMINAL HISTORY RECORDS INQUIRY</b></p> <p>I, _____, hereby authorize the Fulton County Sheriff's Office to receive any criminal history record information pertaining to me which may be in the files of <b>any state</b> or local criminal justice agency in Georgia.</p> <p>Signature: _____ Date: _____</p>	
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| OFFICAL USE ONLY |  
DO NOT WRITE BELOW THIS LINE

Terminal Operator, please check criminal history records for the following reason:

- Background Investigations
- Criminal Investigation

- Driver License History
- Miscellaneous Request

Requested by: \_\_\_\_\_  
Print Name Signature

Comment: \_\_\_\_\_