

**Crawford County Commissioner Office
Criminal History Release Form**

Name
Last _____ First _____ Middle _____

Race _____ Sex _____ Date of Birth _____ Social Security Number _____

I hereby authorize a member of the Crawford County Commissioner Office to conduct a search of my Criminal history in any local or state file for employment purposes and swear of affirm that the information furnished in this release is true and accurate. I further authorize that any information disclosed in this search may be released in accordance with Georgia Law.

Signature

Date

Notary

Date

My Commissioner Expires _____

_____ Official Use Only _____

_____ Local Check _____ GCIC _____ NCIC Check Run Date _____ By _____