



AUTHORIZATION TO OBTAIN INFORMATION

BY MY SIGNATURE BELOW, I HEREBY AUTHORIZE THE HENRY COUNTY SHERIFF'S OFFICE TO CONDUCT A BACKGROUND INVESTIGATION AND 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.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

6. FULL NAME (Printed): \_\_\_\_\_

7. SEX: \_\_\_\_\_ (M) \_\_\_\_\_ (F) 8. RACE: \_\_\_\_\_ 9. HGT \_\_\_\_\_ 10. WT. \_\_\_\_\_

11. HAIR \_\_\_\_\_ 12. EYES \_\_\_\_\_ 13. DATE OF BIRTH \_\_\_\_\_

14. SOCIAL SECURITY NO: \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**

COMMENTS BY INVESTIGATOR(S) / REVIEWERS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GCIC CHECKED / ATTACHED  SUGGEST FURTHER BACKGROUND CHECK  APPLICATION DENIED

ON HOLD

**APPLYING FOR:**

CHAPLAIN/ASST. WORKER  EDUCATOR  OTHER: \_\_\_\_\_

REVIEWED BY O.I.C. OF I/R Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REVIEWED BY ASST. DETENTION CMDR. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED BY DIVISION CMDR. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FILE STARTED ON SUBJECT  ORIENTATION COMPLETED  SPECIALIZED TRAINING COMPLETED