Augusta-Richmond County 911 Center

911 Fourth Street
Augusta, Georgia 30911
(706) 821-1080 - FAX (706) 821-1213

CONSENT FORM

TO: Records Bureau, Richmond County Sheriff's Department

FROM: Phillip K. Wasson, Director

SUBJECT: Criminal History Background Check

DATE: _____

I hereby authorize the Augusta-Richmond County Communication Center to receive any Criminal History Record Information, and Driver's License Record Information, pertaining to me that may be in the files of any Federal, State or Local Criminal Justice Agency in Georgia.

I expressly release the Richmond County Sheriff's Department from any and all liability claims the may arise relating to the acquisition and release of any information pertaining to me.

_____
Full Name Printed

_____
Street Address

_____
Sex Race Date of Birth

_____
Social Security Number

_____
Signature

_____
Date

_____
Witness