

# CONSENT FORM

I HEREBY AUTHORIZE RICHMOND COUNTY HEALTH DEPARTMENT –  
(RANDY WISHARD OR JEWAYNE DORSEY)

TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

I EXPRESSLY RELEASE THE **RICHMOND COUNTY SHERIFF'S OFFICE** FROM ANY AND ALL LIABILITY CLAIM RELATING TO THE ACQUISITION AND RELEASE OF ANY INFORMATION PERTAINING TO ME.

\_\_\_\_\_  
FULL NAME PRINTED

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SEX                  RACE                  DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
DATE

**\*\*\*NOTE: A COPY OF SUBJECT'S PHOTO I.D. MUST BE ATTACHED TO THIS FORM\*\*\***

PLEASE CHECK ONE OF THE FOLLOWING CODES:

- |  |   |
|--|---|
| <input type="checkbox"/> WORK WITH ELDERLY             | <input type="checkbox"/> EMPLOYMENT         |
| <input checked="" type="checkbox"/> WORK WITH CHILDREN | <input type="checkbox"/> GOVERNMENT HOUSING |
| <input type="checkbox"/> WORK WITH MENTALLY ILL        |   |

HAND DELIVER TO:                  RICHMOND COUNTY SHERIFF'S DEPARTMENT  
RECORDS BUREAU  
401 WALTON WAY, AUGUSTA, GA 30911

**\*\*\*THE FOLLOWING ITEMS MUST BE PRESENTED AT TIME OF SUBMISSION:\*\*\***  
**1. VALID PHOTO I.D.      2. SOCIAL SECURITY CARD      3. \$10 CASH**