



**APPOINTMENT TIME**

# ROSWELL POLICE DEPARTMENT

## Criminal History Release Form

The following information must be completed in order to receive any criminal history information pertaining to you that is contained in the files of the State of Georgia. Your record will be checked using the Georgia Crime Information Center (GCIC) database and will be for the State of Georgia only. If no criminal history is on file, this form will be stamped stating so. If a criminal history is on file with the State of Georgia, a copy will be printed for you. A government issued ID will be required.

**PLEASE PRINT CLEARLY AND FILL IN ALL SPACES**

NAME: Last: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

MAIDEN and/or PREVIOUS LAST NAMES: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF EMPLOYER REQUESTING BACKGROUND: STAR House Foundation

EMPLOYER'S ADDRESS: 981 Canton Street, Suite 210, Roswell, Georgia 30075

**CHECK ANY OF THE FOLLOWING THAT APPLY**

Are you an applicant for employment providing care to:

- Children (including adoption)
- Elderly
- Mentally Ill
- City of Roswell Applicant
- None of the above

If you are giving authorization for someone other than yourself to pick up your completed background check, please provide their full name:

Stephanie Christiansen / Stephanie Mitra

**OFFICIAL USE ONLY**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date Signed