

PAYMENT LOG	

## 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	SPA	CES

NAME: La	ast:	First:		Middle:	
MAIDEN a	nd/or PREVIOUS LAS	T NAMES:			
STREET A	DDRESS:				
CITY:		STATE:		ZIP CODE:	
DATE OF E	BIRTH:	SEX:	SSI	N:	
EMAIL ADD	RESS: <sub>Stephanie.c@</sub>	@starhousefoundation	org PHC	ONE: 678-571-0	558
NAME OF E	EMPLOYER REQUES	TING BACKGROUND:	STAR H	ouse Foundatio	n
EMPLOYER	R'S ADDRESS: 981	Canton Street, Suite 2	210, Ros	well, Georgia 30	0075
CHECK AN	Y OF THE FOLLOWI	NG THAT APPLY	_		
Are you an a	applicant for employm	ent providing care to:		OFFICIAL U	SE ONLY
Working	with children (includi	ng adoption)			
Working	with elderly				
Working	with the Mentally III /	developmentally disabled			
Voluntee	er with children / elder	ly / mentally ill			
City of R	oswell Applicant				
Personal	Copy - not for emplo	yment / licensing			
None of t	the above		_		
If you are givii please provid	ng authorization for so e their full name belo	omeone other than yourse w:	elf to pick u	up your completed t	oackground check,
Name:	Stephanie Butler	or Maureen Curtis	Your	· Signature	
Date Signed:					