

DeKalb County Sheriff's Office Office of Professional Standards

4415 Memorial Drive Decatur, Georgia 30032 (404) 298-8125 Fax: (404) 298-8460

CONSENT FORM

I hereby authorize the <u>DEKALB COUNTY SHERIFF'S OFFICE</u> to receive any criminal history record information pertaining to me which may be in the files of any federal, state or local criminal justice agency.

Full N	Name Printed			
Stree	et Address			
City,	State, Zip Code			
Dayti	ime Telephone			
Sex	Race	DOB	Social Security Number	 er
Signa	ature		<u> </u>	
*	Photocopy of driver's license or other photographic identification must be attached.			
Notai	ry		Date	