



CRIMINAL HISTORY CONSENT FORM

I hereby authorize Rockdale County Sheriff's Office to receive any Criminal History record pertaining to me, which may be in the files of any State or Local Criminal Agency in Georgia for the purpose of complying with Rockdale County Unified Development Ordinance Chapter 10.

Print Full Name

Complete Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Notary

Date

Seal