



Officer Glenn Lyle
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NCIC/GCIC Criminal History Consent Form

I hereby authorize any duly sworn law enforcement officer of the Carrollton Police Department to receive any Criminal History Record Information pertaining to me, which may be in the files of any State or Local Criminal Justice Agency in Georgia or any other State.

Last First Middle

Address City State Zip

SS# Race/Sex DOB

I, _____, give consent to the Carrollton Police Department to perform periodic criminal history background checks for the duration of my employment as a Pawn Shop Employee/Owner of _____ (name of shop).

I swear and/or affirm that the information provided in this application is true and accurate.

Signature

State of Georgia, County of Carroll

Signed before me on _____ of _____, 2011 by _____

Notary _____ Date _____