



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

Name of Pawnshop: \_\_\_\_\_

Address of pawnshop: \_\_\_\_\_

Business phone: \_\_\_\_\_

Business fax: \_\_\_\_\_