



**COLUMBIA COUNTY SHERIFF'S OFFICE**

*Clay N. Whittle, Sheriff*  
2273 COUNTY CAMP ROAD  
POST OFFICE BOX 310  
APPLING, GEORGLA 30802-0310  
(706) 541-1043



**CRIMINAL HISTORY CONSENT FORM**

NAME:

\_\_\_\_\_  
FIRST MIDDLE LAST MAIDEN

ADDRESS:

\_\_\_\_\_  
STREET P.O. BOX

\_\_\_\_\_  
CITY STATE ZIP CODE TELEPHONE NUMBER

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

I, \_\_\_\_\_, AUTHORIZE THE PERSON LISTED BELOW TO  
RECEIVE MY CRIMINAL HISTORY FROM THE COLUMBIA COUNTY SHERIFF'S OFFICE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME OF AGENCY / INDIVIDUAL TO RECEIVE RECORD

\_\_\_\_\_  
SIGNATURE OF PERSON RECEIVING RECORD