



Donald E. Craig  
Sheriff

# Office of the Sheriff

Pickens County, Georgia  
2985 Camp Road, Suite 100  
Jasper, GA 30143  
Office: 706-253-8900  
Fax: 706-253-8913  
www.PickensGaSheriff.com

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## Criminal History Consent Form

I, the undersigned individual, hereby authorize the Office of the Sheriff of Pickens County, Georgia to release any criminal history record information pertaining to me which may be in the files of any federal, state or local criminal justice agency to

\_\_\_\_\_. (Requesting Agency/ Entity/ Person)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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(Please provide the following information)

Full Name: \_\_\_\_\_  
Last First Middle

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ State you were born in: \_\_\_\_\_

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(Do not write below this line)

\_\_\_\_\_  
Case # (if required)

\_\_\_\_\_  
(Operator/ Clerk Signature)