Criminal Background Check Submission Instructions

Please follow the instructions below to submit your **Criminal Background Check** to the **Cherokee County Public Safety Office – Central Division**.

1. Submission Location:

All Criminal Background Checks must be submitted in person

2. Cherokee County Public Safety - Central Division

150 Chattin Drive

Canton, GA 30114

3. Contact Information:

If you have questions regarding your background check submission, please contact the Sheriff's office at:

Phone: (678) 493-4200

4. Required Documentation:

Ensure you bring or include the following:

- Valid government-issued photo identification
- Completed background check form
- o Required Fee \$20.00 cash only must have exact amount

5. Submission Hours:

Please contact the Sheriff's Office to confirm current business hours prior to your visit.

Cherokee Sheriff's Office

Name-Based Criminal History Record Information Consent/Inquiry Form - NCJ

Section 1: Authorization - I authorize the Cherokee Sheriff's Office to process my criminal history record information and release any information pertaining to me which may be in the file of any state, national, or local criminal justice agency to the individual I have specified below. If this information is being released to a business, agency, or organization, the Cherokee Sheriff's Office must have a specific person's name at the business, agency, or organization and the address and the title of the business, agency, or organization. If this information is being released to an individual, the Cherokee Sheriff's Office must have the individual's name and address. (O.C.G.A.§35-3-34) For the Cherokee Sheriff's Office to better serve you, please fill out this form neatly and in its entirety. Do not change, strikethrough, or white out any information. This form is for the Cherokee Sheriff's NCJ consent form for employment, personal inspection, and other NCJ reasons as allowed by O.C.G.A. §35-3-34.

releasing record to)CHEROKEE CO	OFFICE	1	the purpose below and receive any Georgia and/or nat	
CHRI as authorized by state and federal	law. This autho	orization is va	alid for 90 days f	rom date of signature.
Full Name: (Last, First, and Middle – Plo	ease Print Legib	oly)		**Race Abbreviations**
Street Address	City	State	Zip Code	Asian/Pacific Islander - A Black – B Alaskan Native/American Indian – I White – W
Date of Birth (MM/DD/YY) SEX (M/F) RACE**	Social Security Number		Unknown – U
Authorizing Signature	Da	te (MM/DD/	/YY)	
Attorney for Individual (Purpose Code	E and U Only)	Bar Numbe	 er	Date (MM/DD/YY)
Notary Signature & Stamp		Date (MM)	/DD/YY)	Driver's License Number (Notary Use Only)
Notary Signature & Stamp			Pι	rpose Code Used <mark>(check one)</mark> :
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		E E E	Adoption Apartment Employment Licensing Raffle Permit Volunteer Employment	direct care with Mentally III/Developmentally Disabled
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		E E E E M	Note: Only one N Adoption Apartment Employment Licensing Raffle Permit Volunteer Employment Employment	direct care with Mentally III/Developmentally Disabled
		E E E M N	Adoption Apartment Employment Licensing Raffle Permit Volunteer Employment Employment Employment Employment	direct care with Elderly
Notary Signature & Stamp Notary Stamp		E E E M N W U	Note: Only one of N Adoption Apartment Employment Licensing Raffle Permit Volunteer Employment Employment Employment Employment Personal Cop	direct care with Mentally III/Developmentally Disabled direct care with Children