


CONSENT FORM

APPLICANT'S INFORMATION	Applicant's last name		LC#		
	First name		Middle name		
	Maiden name		Phone #		
	Address				
	City		State	Zip	County
	Race White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/>		Height		Weight
	Pacific Islander <input type="checkbox"/> Alaskan Native <input type="checkbox"/>				
	Color eyes		Color hair		SSN#
	Sex	Date of birth		Place of birth	
	City & State		Country of Citizenship		
	Drivers license number		State	Expiration date	
	Employer		Employer's phone #		
	Address of employer				
	AUTHORIZED SIGNATURE	<p>I hereby authorize Cogent Systems, Inc., and Cherokee County Marshal to receive any criminal history record information that pertains to me, and may be found in any Federal, State, or Local criminal justice agency in Georgia.</p> <p>APPLICANT'S NAME _____ (Please print)</p> <p>APPLICANT'S SIGNATURE _____</p> <p>NOTARY PUBLIC, STATE OF GEORGIA _____</p> <p>SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____ 20____</p> <p style="text-align: right;">SEAL</p>			
COUNTY MARSHAL'S OFFICE USE ONLY					
DATE PROCESSED:		Date to GCIC officer:	FBI:		
OPERATOR INITIALS:					
		<p>Records obtained from the Cherokee County Marshal's Office may only be used by the requesting agency or entity solely for the purposes requested.</p> <p>Cherokee County shall not be held responsible for information obtained by another agency, State or Federal, which provides such information and whose files reflect records which may contain errors or omissions.</p> <p style="text-align: center;">The application fee is non-refundable.</p>			