

**TROUP COUNTY SHERIFF'S OFFICE**  
**130 SAM WALKER DR**  
**LAGRANGE, GA 30240**  
**SHERIFF JAMES WOODRUFF**

CRIMINAL HISTORY CONSENT FORM

I hereby authorize Antioch Baptist Church / Ararat Bible Camp to receive any Georgia Criminal History Record Information pertaining to me, which may be in the files of any state or local criminal justice agency, in Georgia, and request that the same be provided pursuant to this Criminal History Consent Form.

Information of individual for whom information is requested (the "Requestor"):

_____		_____ / _____	
Full Name (please print legibly)	Sex	Race	
_____		_____	
Date of Birth	Social Security Number		
_____			
Address	City,	State	Zip

_____ Signature of Requestor	_____ Date
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Information of Recipient of information:

_____ Signature of Recipient/Title	_____ Date
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Antioch Baptist Church / Ararat Bible Camp  
 Name of business, agency or organization (if applicable)

1142 Blue Creek Road Hogansville, GA 30230  
 Address of business, agency or organization (if applicable)

Special employment provisions:

1. This report will be used for employment purposes only.
2. Check IF applicable:

- |  |     |
|--|-----|
| <input type="checkbox"/> Employment with mentally disabled | (M) |
| <input type="checkbox"/> Employment with elderly           | (N) |
| <input type="checkbox"/> Employment with children          | (W) |

Duration of Consent:

- This authorization is valid for 90/180/ 365 (circle one) days from the date of signature.
- This authorization is valid for the duration of my employment with this company. My criminal history record information can be accessed periodically, without further consent.

Liability Waiver/Indemnification:

It is understood and agreed that neither the Troup County Sheriff, employees or agents of the Troup County Sheriff, nor Troup County, Georgia and/or its employees, officers or agents, shall be responsible for the accuracy of information disseminated nor have any liability for defamation, invasion of privacy, negligence, nor any other claim in connection with any dissemination pursuant to this request and shall be immune from suit based upon such claims. By signing this consent form, Requestor and Recipient further agree to hold harmless the Troup County Sheriff, all employees of Troup County Sheriff's Office and Troup County its employees, officers and agents from any civil liability of any kind or description.

Results:

The information supplied pursuant to this Criminal History Consent Form is provided based on records maintained by GCIC only. For any questions, pertaining to this form, you may contact Susan Whitley at (706) 883-1616 Ext.252

If an employment, licensing, housing or other decision adverse to the record subject is made, the individual or agency making the adverse decision must inform the record subject of all information pertinent to that decision. This disclosure must include that a criminal history record check was made, specific contents of the record, and the effect the record had upon the decision. Failure to provide such information is a misdemeanor under Georgia law pursuant to O.C.G.A. §§34-3-24, 34-3-35.

Use of information disseminated shall be limited to the purpose for which it was intended and may not be disseminated further.

DO NOT WRITE BELOW THIS LINE FOR DEPARTMENTAL USE ONLY

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- No identifiable record in GCIC
- See attached printout from electronic search of GCIC records
- Positive identification cannot be made, of this subject, without fingerprint comparison

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature