

DeKalb County Sheriff's Department

Sheriff David G. Cserep II

Limited Criminal History Check

I _____ hereby authorize the release of any and all
criminal records of mine to _____ and/or

(Name of Company or Person Requesting)

his/her agent, this _____ day of _____, 20_____.

Signed: _____

Date: _____

Name: _____

Date of Birth: _____

Social Security Number _____/_____/_____

Maiden/Prior Names/AKA _____

This **subject** has the following records with the DeKalb County Sheriff's Department

X _____ Badge/PE# _____

(Name of Officer or Official)

Date: _____

***** This is a limited criminal history check only. It reflects only local records maintained at the Sheriff's Office. It is possible that a criminal record could exist in another jurisdiction without the Sheriff's Office's knowledge.

Records attached if applicable