



Fort Oglethorpe Police Department

Chief Keith Sewell • 900 City Hall Drive Ft. Oglethorpe, GA 30742 • 706.866.2512

Dear Human Resource Manager:

The Fort Oglethorpe Police Department would like to thank you for entrusting our Records Department for obtaining Criminal History Background Checks as part of your applicant screening process.

In an attempt to streamline this process for same day service and results, please be advised of the following requirements when sending applicants to the Police Department for Criminal Background Checks.

- Police Department Criminal Background Checks are available Monday through Friday, from 8:00 a.m. until 4:30 p.m. at the Records Department, excluding holidays.
- Person obtaining background check for employment must apply in person.
- Criminal History Consent Form must be completed by applicant.
- Applicant must have and be willing to present a valid picture I.D.
- Applicant's signature must be witnessed by an on-site Police Department notary prior to the consent form being notarized.
- Payment for a Criminal Background Check must be \$20.00 cash only. Change cannot be made for anything over the payment amount.

Please see enclosed Criminal History Consent Form.

If you have any questions or concerns, please feel free to contact the Fort Oglethorpe Police Department Records Department at 706-866-2512.

Sincerely,

A handwritten signature in blue ink, appearing to be "K. Sewell", is written over a horizontal line.

Chief Keith Sewell
Fort Oglethorpe Police Department



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CRIMINAL HISTORY CONSENT FORM

LAST NAME **FIRST NAME** **MIDDLE NAME**

DOB: _____ **RACE:** _____
SSN: _____ **SEX:** _____

I HEREBY AUTHORIZE:

NAME OF AGENCY / INDIVIDUAL

NAME OF PERSON TO PICK UP RECORD

STREET ADDRESS

CITY **STATE** **ZIP CODE**

**TO RECEIVE MY CRIMINAL HISTORY RECORD FROM
THE FORT OGLETHORPE POLICE DEPARTMENT IN FORT OGLETHORPE, GEORGIA. 30742**

PURPOSE CODE: _____

W-- EMPLOYEMENT WITH CHILDREN

E--GENERAL EMP. & APTS

N-- EMPLOYMENT WITH ELDERLY

J--CRIMINAL JUSTICE EMPLOYMENT

SIGNATURE OF PERSON: _____

NOTARIZED: _____ **DATE:** _____

(SEAL REQUIRED)