



**Cobb County Sheriff's Office
Consent Form**

I hereby authorize the Cobb County Sheriff's Office to receive any criminal history record information pertaining to me which may be in the files of any criminal justice agency of any state, or any local criminal justice agency in the state of Georgia.

Full Name Printed

Address

City

State

Zip Code

Sex

Race

DOB

Social Security Number

Driver's License Number

State

Signature of Applicant

**Sworn to and subscribed before me
this _____ day of _____.**

Notary Public, Georgia, State at Large