

# Gwinnett County Police

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Gwinnett County Police Department to obtain and/or receive any criminal history and/or driver history record pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia, any other state, or any other country. The intent of this authorization is to give my consent for full and complete disclosure of my Criminal History Record and/or Driver History Record and request that the custodian of such records/information permit my records to be examined, copied or otherwise reviewed.

A photocopy of this release form will be valid as an original hereof even though said photocopy does not contain an original writing of my signature. This release is executed with full knowledge and understanding that the information is for the official use of the Gwinnett County Police Department in determining my suitability to participate in a program(s) sponsored or supported by the Gwinnett County Police Department.

I hereby waive and release my claims against any party, which I may have as a result of the release of any records or information referenced in this authorization. I acknowledge that no party shall have liability to me as a result of complying with a request for such information and/or records.

I am furnishing my Social Security Number on a voluntary basis with the understanding that such is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate the location of the above information/records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

I will be participating in: Medical Reserve Corps (MRC)  
Name of Program

Print  
Full Name \_\_\_\_\_  
Last First Middle

Complete Home Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Best Contact Number \_\_\_\_\_ Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ How long have you lived in Gwinnett County? \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number \_\_\_\_\_ State of issue \_\_\_\_\_

Employer \_\_\_\_\_  
Name Address

List any other states/countries where you have lived and/or worked \_\_\_\_\_

Have you ever been arrested for any offense other than minor traffic offenses? \_\_\_\_\_

If yes, for what charge(s)? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Gwinnett County Police Department is authorized to make any investigation of my personal history deemed necessary for consideration to participate in programs sponsored or supported by the Gwinnett County Police Department. I understand that I will be notified in writing if my application to participate is rejected due to results obtained from my criminal or driver history record.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR DEPARTMENTAL USE ONLY**

Criminal/driver history investigation conducted by \_\_\_\_\_ Completion date \_\_\_\_\_

**SEE REVERSE FOR HOW TO SUBMIT THIS FORM**

**TO SUBMIT THIS FORM, PLEASE:**

**Email** to [Giles.Roberts@gwinnettcountry.com](mailto:Giles.Roberts@gwinnettcountry.com)

**Fax** to 770-513-5660 (Attn: Giles Roberts)

**Drop off at or mail to:**

Gwinnett County Police Emergency Management

**ATTN: Giles Roberts**

770 Hi Hope Rd

Lawrenceville, GA 30045

**DO NOT GIVE THIS FORM TO MRC PERSONNEL – IT CONTAINS CONFIDENTIAL  
PERSONAL INFORMATION THAT IS NOT NEEDED BY MRC.**