

# NEWNAN POLICE DEPARTMENT

## CRIMINAL HISTORY REQUEST FORM

\_\_\_ (E) Alcohol Permit/License

I hereby authorize **Newnan Police Department** to conduct an inquiry for the purpose listed above.

**Chief Brent Blankenship** is authorized to receive any Georgia criminal history information as authorized by state or federal law.

This authorization is valid once within the 365 days from the date signed below for this purpose only.

**ALL FIELDS MUST BE COMPLETED**

**Print Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Any Aliases, maiden, or other names you may have used: \_\_\_\_\_

**Address:** \_\_\_\_\_

**Sex:** Male Female **Race:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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**AGENCY USE ONLY**

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List wanting agency below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Phone number: \_\_\_\_\_

\_\_\_\_\_  
Agency Designee Signature and Title

\_\_\_\_\_  
Date/Time