



3355 Lenox Rd. Ste. 750 Atlanta, Georgia 30326 / Phone 678-860-0849 / www.myadoptionresources.com

NOTE: ONE FORM PER HOUSEHOLD

TAKE THIS FORM TO YOUR COUNTY'S E911 COMMUNICATIONS UNIT
This may be faxed back to Adoption Resources & Counseling, Inc. at: (770) 919-9101

I hereby authorize Adoption Resources & Counseling, Inc. at 3355 Lenox Rd. Ste. 750 Atlanta, Georgia 30326, to receive documentation of all 911 calls pertaining to me **for the last five years**, which can be accessed lawfully in the files of any state or local criminal justice agency in Georgia.

Name of Applicant 1: _____

Name of Applicant 2 (if applicable): _____

Address: _____

Street Address

City **State** **Zip Code** **COUNTY**

Applicant 1's Social Security Number **DOB** **Age**

Applicant 2's Social Security Number **DOB** **Age**

Applicant 1's Signature **Date** **Applicant 2's Signature** **Date**

TAKE TO E911 IN YOUR COUNTY TO FILL OUT THIS SECTION
(OFFICIAL USE ONLY)

This statement is to certify the criminal arrest files in the State of Georgia have been served by name and social security number and reveal the following information on the above listed person.

() No 911 Call Record () See attached 911 Call Record Printout

Name and Title **Signature of Authorized Person**

Date