



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

LOCAL CRIMINAL RECORD CHECK

**TAKE THIS FORM TO YOUR LOCAL POLICE OR SHERIFF'S OFFICE
(One form per adult 18 or older)**

I hereby authorize Adoption Resources & Counseling, Inc., located at 3355 Lenox Road Suite 750 Atlanta, Georgia 30326, to receive any criminal history record pertaining to me, which can be accessed lawfully in the files of any state or local criminal justice agency in Georgia.

Applicant's Name: _____
Last First Middle

Address: _____
Street Apt. #

City County State Zip Code

Social Security Number DOB Age Sex

Applicant's Signature Date

TAKE TO POLICE DEPARTMENT 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 Arrest Record
() See attached GCIC printout
() Arrest Record as follows: _____

Criminal Justice System/Police Department

Signature of Authorized Person

Notary _____

Date _____