

# **Procedures for a Criminal History/Background Check**

## **Georgia Crime Information Center (GCIC)**

Chatham County Sheriff's Office  
Criminal History/Fingerprint Unit  
P.O. Box 10026  
Savannah, Ga 31412  
912-652-7650  
912-651-3791 (fax)

### **The Criminal History/Background Check is processed through the Georgia Crime Information Center (GCIC) and disseminates Georgia Criminal Histories only**

Complete the CHRI Release/Waiver, which can be obtained at the Chatham County Sheriff's Office Criminal History/Fingerprint Unit or visit our website for a printable form.

<https://sheriff.chathamcountyga.gov/>

This release/waiver must be signed by the subject whose criminal history is being requested and witnessed by a second person.

#### **TO REQUEST A CRIMINAL HISTORY BY MAIL:**

Submit the completed Criminal History Waiver form, a copy of your photo ID, the \$15.00 processing fee and mail to the above address. Acceptable payments through the mail are certified check or cashier check. **NO CASH OR PERSONAL CHECKS ARE ACCEPTED.**

#### **TO REQUEST A CRIMINAL HISTORY IN PERSON:**

You may visit our office at 1050 Carl Griffin Drive Monday- Friday 9:00 a.m. - 4:30 p.m. to obtain a Criminal History. The Criminal History Waiver form is available on our website and at the Sheriff's Office. Payments can be made by cash, money order, cashier's check, Visa or Master Card. There is a \$2.50 service charge for Visa or Master Card.

Allow 3-5 business days for processing.

In the event "No Criminal History" is found your documentation will reflect that response. In the event a criminal history is located your documentation will reflect these findings and the results will be attached.

**Chatham County Sheriff's Office  
Criminal History/Fingerprint Unit  
1050 Carl Griffin Drive  
Savannah, Ga 31405**



**Chatham County Sheriff's Office  
CHRI Release/Waiver**

By my signature below, I hereby request, authorize and direct Sheriff Richard S. Coleman or his appointed designee and the Chatham County Sheriff's Office to perform a Georgia background investigation which includes, but may not be limited to an electronic background search of G.C.I.C. and local records. The purpose of this background search or investigation is to ascertain and determine if any criminal history records exist or closely resemble the identifying information which I am providing herein. I understand that failure to provide accurate or complete information will result in a negative search effort, or improper records being accessed.

Furthermore, I authorize and direct that any information or records which are produced or discovered as a result of this background investigation are to be released and transmitted to the persons identified below for whatever purpose they require. I am fully aware that the information or records produced as a result of this inquiry **contain confidential and privileged information which would not otherwise be released without my consent, request or authorization.** I hereby specifically waive any privilege or confidentiality existing under state or federal law regarding access or release of such information including but not limited to protection afforded under OCGA 50-18-72 and OCGA 15-18-52.

**In making this release authorization, I agree to HOLD HARMLESS, SHERIFF RICHARD S. COLMAN, and ALL EMPLOYEES OF THE CHATHAM COUNTY SHERIFF'S OFFICE AND CHATHAM COUNTY GOVERNMENT FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION.**

**PLEASE PRINT CLEARLY**

**SUBJECT INFORMATION (PLEASE COMPLETE ALL FIELDS)**

Last Name		First	Middle	Maiden (if applicable)
Address		City	State	Zip
Phone Number				
Race: _____	Sex: _____	Birth Date: ____/____/____		Eyes: _____ Hair: _____
SSN: ____-____-____	Height: _____	Weight: _____	State/Place of Birth: _____	

☐ WILL PICK UP      ☐ PLEASE MAIL

**RELEASE TO: (COMPLETE THIS SECTION IF YOU WANT YOUR BACKGROUND TO BE RELEASED OR MAILED TO SOMEONE OTHER THAN YOURSELF)\*Please note: For personal record inspections, only the applicant is allowed to pick up their results and they cannot be mailed for security reasons.**

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**BACKGROUND PURPOSE (CHECK ONLY IF APPLICABLE)**

☐ EMPLOYMENT/VOLUNTEER WITH CHILDREN (W)      ☐ EMPLOYMENT/VOLUNTEER WITH ELDER CARE (N)  
☐ EMPLOYMENT/VOLUNTEER WITH MENTALLY DISABLED (M)

**BACKGROUND PURPOSES (CHECK ONLY ONE)**

☐ ADOPTION/FOSTER CARE (E)      ☐ PERSONAL RECORD INSPECTION (U)\*  
\*Only the applicant is allowed to pick up results-cannot be mailed  
☐ OTHER \_\_\_\_\_

**AUTHORIZATION**

Prior to signing this request, I have fully read and understand the provisions of this writing. My request is freely made without fear of punishment or promise of reward, and with full and complete understanding of the consequences of my actions.

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

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

\_\_\_\_\_  
**Witness**

**CCSO DEPARTMENT RESPONSE**

☐ NO GCIC RECORD      ☐ NO LOCAL RECORD  
☐ RECORDS FOUND AND ATTACHED      ☐ FINGERPRINTS NEEDED FOR POSITIVE IDENTIFICATION

\_\_\_\_\_  
Chatham County Sheriff Office Official

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

Any further dissemination is protected under State and Federal Law