

Procedures for a Criminal History/Background Check Georgia Crime Information Center (GCIC)

Chatham County Sheriff's Department
Criminal History/Fingerprint Unit
P.O. Box 10026
Savannah, Ga 31412
912-652-7657
912-652-7658
912-651-3791 (fax)

GCIC Report (name search background check)

Complete the CHRI Release/Waiver, which can be obtained at the Chatham County Sheriff's Department Criminal History/Fingerprint Unit. **This release/waiver must be signed by the subject.**

Return the request form and a processing fee of \$15.00 to the Chatham County Sheriff's Department at the above address or the waiver may be presented in person to the cashier's window at the Chatham County Sheriff's Complex (cash only). **The cashier is open 24 hours.** **Note: If you are mailing the release/waiver, the processing fee must be in the form of a cashier's check or money order and a copy of the subject's I.D. must be attached to the release/waiver. PLEASE DO NOT MAIL CASH! Personal checks and credit/debit cards cannot be accepted in any case.**

The processing of the criminal history/background check will take 3-5 business days. The request form will be completed by a Sheriff's Department Supervisor. In the case of a no record response, a copy of the request form marked "**No Record**" will be released to the subject or to the person identified in the "Release To" section on the waiver. Also, in the case of a "**No Record**" response, a printout may or may not accompany the response due to confidential information on other individuals that may be returned. If a "**record**" is found, a printed record will be attached to the request form and the form so marked.

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



Chatham County Sheriff's Department
CHRI Release/Waiver

By my signature below, I hereby request, authorize and direct Sheriff Al St. Lawrence or his appointed designee and the Chatham County Sheriff's Department 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.

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.

In making this release authorization, I agree TO HOLD HARMLESS, SHERIFF AL ST LAWRENCE, AND ALL EMPLOYEES OF THE CHATHAM COUNTY SHERIFF'S DEPARTMENT, AND CHATHAM COUNTY GOVERNMENT, FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION.

PLEASE PRINT CLEARLY

SUBJECT INFORMATION

Form with fields for Last Name, First, Middle, Maiden, Address, City, State, Zip, Phone#, Race, Sex, Birth Date, Eyes, Hair, SSN, Height, Weight, State/Place of Birth, and checkboxes for WILL PICK UP and PLEASE MAIL.

RELEASE TO: (COMPLETE THIS SECTION IF YOU WANT YOUR BACKGROUND TO BE RELEASED OR MAILED TO SOMEONE OTHER THAN YOURSELF)

NAME: COMPANY:

MAILING ADDRESS:

SPECIAL EMPLOYMENT PROVISIONS (CHECK IF APPLICABLE)

- EMPLOYMENT/VOLUNTEER WITH CHILDREN, EMPLOYMENT/VOLUNTEER WITH ELDER CARE, EMPLOYMENT/VOLUNTEER WITH MENTALLY DISABLED

BACKGROUND PURPOSES

- ADOPTION, FOSTER CARE, PERSONAL RECORD INSPECTION, OTHER

AUTHORIZATION

Prior to signing this request authorization, I have fully read and understand the provision 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 action.

Legal Signature, Date, Witness

CCSO DEPARTMENT RESPONSE

- No GCIC Record, No Local Record, Records Found, Attached, Fingerprints needed for positive Identification

Chatham County Sheriff Department Official, Date/20