



**HAPEVILLE POLICE DEPARTMENT  
Citizen's Police Academy**

I hereby authorize the Hapeville Police Department to receive any Georgia Criminal History Record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

(Please Print)

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

_____	_____	_____	_____
Sex	Race	Date of Birth	Social Security Number

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**DEPARTMENTAL USE ONLY**

Purpose Codes Used: (check appropriate code)

- \_\_\_\_\_ Employment (Licensing, public/ private employment, firefighter employment, adoptions, education employment and military recruitment) (E)
- \_\_\_\_\_ Employment with mentally disabled (M)
- \_\_\_\_\_ Employment with elder care (N)
- \_\_\_\_\_ Employment with Children (W)
- \_\_\_\_\_ Criminal Justice Employment (J)
- \_\_\_\_\_ Public Access (GA Felonies Only) (P)
- \_\_\_\_\_ Used by Law Enforcement Only (C) \_\_\_\_\_ Case Number
- \_\_\_\_\_ Pre- Employment or Employment of Police Officers (Z)

Inquiry ran by: \_\_\_\_\_

If Purpose Code C is used, Officer's signature: \_\_\_\_\_