**Gwinnett County**

**Sheriff’s Office**



***Mike Boyd***

***Chief Deputy***

***Lou Solis***

***Chief Deputy***

***Don Pinkard***

***Jail Administrator***

2900 University Parkway

 (770) 619-6500 Fax (770) 822-3115

Lawrenceville, GA 30043

***R.L. (Butch) Conway, Sheriff***

**Waiver of Liability and Consent to Records Check**

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 **Last Name (print) First Name Middle Name**

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 **Street Address City State Zip Code**

**\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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 **Drivers License Number State Issue Date Expiration Date**

**I, the undersigned, do hereby waive and release any and all rights or claims of any kind or nature which may exist or accrue in the future against the Gwinnett County Board of Commissioners, Sheriff, Sheriff’s Office and or the Jail, their personnel, employees, staff, or agents because of, as a result of, or in connection with the duties, responsibilities, and work I will undertake.**

**In making this application, I hereby authorize the Gwinnett County Sheriff’s Office to receive and make inquiries with law enforcement records as may be deemed necessary. I further authorize the Gwinnett County Sheriff’s Office to receive any criminal and/or driver’s history information, at any time, pertaining to me which may be in the files of any federal, state, or local criminal justice agency.**

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 **Signature of Applicant Date**

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 **Signature of Staff Member SO# Date**

**Comments / Notes Regarding Background Check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Signature of Staff Member Completing Background Check SO# Date**