



Gwinnett County Sheriff's Office

R.L. (Butch) Conway, Sheriff

2900 University Parkway
(770) 619-6500 Fax (770) 822-3115
Lawrenceville, GA 30043

Bill Walsh
Chief Deputy/Administration
Lou Solis
Chief Deputy/Operations
Don Pinkard
Jail Administrator

Waiver of Liability and Consent to Records Check

Last Name (print)		First Name		Middle Name	
Street Address			City	State	Zip Code
Sex	Race	Date of Birth		Social Security Number	
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.

Signature of Applicant		Date	
Signature of Staff Member		SO#	Date

Comments / Notes Regarding Background Check: _____

Signature of Staff Member Completing Background Check		SO#	Date
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