

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. 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 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.

SUBJE	CT INFORMATION		PLEASE	PRINT	CLI	EAR	LY		······································			
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Chatham C	County Sheriff Departm	ent Official					Date	/	_/20			