



FLOYD COUNTY, GEORGIA

DAVE ROBERSON, SHERIFF
BOB COUEY, CHIEF DEPUTY



FINGERPRINT APPLICATION

I, _____, hereby authorize the Floyd County Sheriff's Office to obtain and submit my fingerprints for a criminal background check. I further do hereby release the Floyd County Sheriff's Office and all personnel from any damages because of, or resulting from, furnishing such information.

PLEASE FILL OUT THIS FORM THOROUGHLY AND COMPLETE; MAKING SURE YOUR HANDWRITING IS LEGIBLE.

Date: _____

Reason for being fingerprinted: _____

ORI (If Known): _____

Phone Number : _____

Alt. Phone Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Height: _____ Weight: _____ Sex: _____ Race: _____

Hair Color: _____ Eye Color: _____ Place of Birth: _____ Date of Birth: _____

Social Security No.: _____

Address:

Street Number: _____ Street Name: _____

City: _____ State: _____ Zip Code: _____

Signature of Applicant

Please be advised that though we may ask you to provide your Social Security Number, you are not required to do so. The use of your Social Security Number will only be used for the purpose of confirming your identity with other State and Federal government agencies for data collection.