

Procedures for a Criminal History/Background Check

Georgia Crime Information Center (GCIC)

Chatham County Sheriff's Office
Criminal History/Fingerprint Unit
P.O. Box 10026
Savannah, Ga 31412
912-652-7650
912-652-7652
912-651-3791 (fax)

GCIC Report (name search background check)

Complete the CHRI Release/Waiver, which can be obtained at the Chatham County Sheriff's Office Criminal History/Fingerprint Unit. **This release/waiver must be signed by the subject.** *“Providing your social security number is **OPTIONAL**. However, failure to provide your social security number might delay the processing time of your criminal background check. Should you provide your social security number, it will be submitted to federal and state agencies for purposes of confirming your identity and obtaining any relevant criminal history.”*

Return the request form and a processing fee of \$15.00 to the Chatham County Sheriff's Office at the above address or the waiver may be presented in person with proper identification to the cashier's window at the Chatham County Sheriff's Complex in the Main Lobby (**cash, card, money order or certified check**). If you are submitting a waiver for someone other than yourself, the form **MUST** be signed and witnessed and a copy of the subject's photo ID must accompany the waiver. *Please note: For personal record inspections, **ONLY THE APPLICANT is allowed to pick up their results and they cannot be mailed for security reasons.*** The cashier is open Monday-Friday, 9:00am-4:30pm. **Note: If you are mailing the release/waiver, the processing fee must be in the form of a cashier's check or money order and a legible copy of the subject's ID must be attached to the release/waiver. Also, the form MUST be signed by the subject and witnessed by a second party before the release/waiver is mailed. PLEASE DO NOT MAIL CASH! The Chatham County Sheriff's Office does not take personal checks.**

The processing of the criminal history/background check will take 3-5 business days. The request form will be completed by a Sheriff's Office Supervisor. In the case of a no record response, a copy of the request form marked **“No Record”** will be released **ONLY TO THE SUBJECT OR TO THE PERSON IDENTIFIED IN THE “RELEASE TO” SECTION ON THE WAIVER.** Also, in the case of a **“No Record”** response, a printout may or may not accompany the response due to confidential information on the other individuals that may be returned. If a **“record”** is found, a printed record will be attached to the request form and the form so marked.

Chatham County Sheriff's Office
Criminal History/Fingerprint Unit
1050 Carl Griffin Drive
Savannah, Ga 31405



Chatham County Sheriff's Office
CHRI Release/Waiver

By my signature below, I hereby request, authorize and direct Sheriff John T. Wilcher or his appointed designee and the Chatham County Sheriff's Office 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.

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.

In making this release authorization, I agree to HOLD HARMLESS, SHERIFF JOHN T. WILCHER, and ALL EMPLOYES OF THE CHATHAM COUNTY SHERIFF'S OFFICE AND CHATHAM COUNTY GOVERNMENT FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION.

PLEASE PRINT CLEARLY

SUBJECT INFORMATION (PLEASE COMPLETE ALL FIELDS)

Form with fields for Last Name, First, Middle, Maiden (if applicable), Address, City, State, Zip, Phone Number, Race, Sex, Birth Date, Eyes, Hair, SSN, Height, Weight, State/Place of Birth, and checkboxes for WILL PICK UP and PLEASE MAIL.

RELEASE TO: (COMPLETE THIS SECTION IF YOU WANT YOUR BACKGROUND TO BE RELEASED OR MAILED TO SOMEONE OTHER THAN YOURSELF)*Please note: For personal record inspections, only the applicant is allowed to pick up their results and they cannot be mailed for security reasons.

NAME: _____ COMPANY: _____
MAILING ADDRESS: _____

BACKGROUND PURPOSE (CHECK ONLY IF APPLICABLE)

- [] EMPLOYMENT/VOLUNTEER WITH CHILDREN (W) [] EMPLOYMENT/VOLUNTEER WITH ELDER CARE (N)
[] EMPLOYMENT/VOLUNTEER WITH MENTALLY DISABLED (M)

BACKGROUND PURPOSES (CHECK ONLY ONE)

- [] ADOPTION/FOSTER CARE (E) [] PERSONAL RECORD INSPECTION (U)*
*Only the applicant is allowed to pick up results-cannot be mailed
[] OTHER _____

AUTHORIZATION

Prior to signing this request, I have fully read and understand the provisions of this writing. My request is freely made without fear of punishment or promise of reward, and with full and complete understanding of the consequences of my actions.

Legal Signature _____ Date ____/____/____ Witness _____

CCSO DEPARTMENT RESPONSE

- [] NO GCIC RECORD [] NO LOCAL RECORD
[] RECORDS FOUND AND ATTACHED [] FINGERPRINTS NEEDED FOR POSITIVE IDENTIFICATION

_____/_____/20____
Chatham County Sheriff Office Official Date

Any further dissemination is protected under State and Federal Law