

# HARRISON COUNTY SHERIFF'S DEPARTMENT

## PUBLIC RECORDS DIVISION

Melvin T. Brisolaro, Sheriff

### Criminal History & Background Check Request

Instructions:

This form may be completed on your computer or filled out by hand. This form must be signed prior to processing and submitted **in person only with identification**. This form must be returned to the Public Records Division of the Harrison County Sheriff's Department at 10451 Larkin Smith Drive, Gulfport, MS, 39503.

#### Applicant Information:

Must present with state issued driver's license or identification card.

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Contact \_\_\_\_\_

#### Company Information:

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_

Office Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

I, \_\_\_\_\_, the applicant listed above have applied for a position with the listed company. As part of their policy, I am requesting a check of your records to determine if the applicant has ever been convicted of any state, county, or municipal violations in your jurisdiction. By this signature, I authorize the release of my arrest conviction record and waive such legal rights that may arise out of the release. I do hereby release all persons from liability in connection with the release of this information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

#### Criminal History & Background Check Results:

Policy permits the release of only those charges that originated in the jurisdiction of the Harrison County Sheriff's Department. The department cannot make an accurate identification based upon name and date of birth alone. Any information obtained on any name check is subject to verification between the requesting party and the applicant. The Harrison County Sheriff's Department assumes no responsibility for any action resulting from the information furnished, and cautions that the proper court department should be contacted for disposition information.

Date

Charge

Disposition

Date	Charge	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Record's Division Clerk

\_\_\_\_\_  
Date