

**PROVOST MARSHAL OFFICE
RECORDS SECTION
FORT BENNING, GA 31905**

LOCAL RECORDS CHECK

Date Requested: _____

Requested By: _____

Name and Organization: _____

Purpose of Request: _____

Phone # _____

Request a Records Check on The Following:

Name (Last, First MI): _____

Social Security Number: _____

Date of Birth: _____

Circle all that apply below:

Work with CHILDREN: YES / NO

Work with ELDERLY: YES / NO

Work with MENTALLY CHALLENGED: YES / NO

I hereby authorize **Provost Marshal Office / DES** to conduct an inquiry for the purpose(s) listed above and receive any local criminal history record information as authorized by state and federal law.

Name (Last, First, Middle) _____ Signature _____

Record Found / No Record Found
Completed By: _____ (PRINT AND SIGN)
Date Completed: _____