

CRIMINAL HISTORY SUMMIT

REGISTRATION FORM

For registration assistance, please contact (706) 225-3239, (706) 225-3246 or (706) 225-3218

APPLICANT INFORMATION

Last Name		First		Middle		Date	
Street Address				Apartment/Unit #			
City		State		ZIP			
Phone			E-mail Address				
Brief Description of Issue							

DISCLAIMER AND SIGNATURE

Completion of this form and registration in the Criminal History Summit event is not a warranty, guarantee or promise (express or implied) of legal representation, record restriction or criminal history update. By participating, you agree to hold harmless all individuals, organizations and entities associated with the execution of the Summit. Additionally, by completing and submitting the requested information, participants give permission for all sponsoring and hosting individuals/entities to access and review relevant personal records associated with your criminal history including, but not limited to, driver's license number, social security number, physical address, phone number and email. Furthermore, no information contained in the website of the Clerk of Superior & State Courts should be construed as legal advice nor is it intended to be a substitute for legal counsel on any subject matter.

Signature _____	Date _____
Print _____	

Please send the completed form to:
 Email: askdanielle@columbusga.org
 or
 Fax: (706) 653-4479