



BRIGHT FROM THE START
 Georgia Department of Early Care and Learning
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Brian P. Kemp
GOVERNOR

Amy M. Jacobs
COMMISSIONER

**DISSEMINATION AFFIDAVIT AND AGREEMENT
 RELEASE OF Criminal History Report Information (CHRI) FORM**

I _____, hereby request a copy of my Criminal History Report Information (CHRI) from the **DEPARTMENT OF EARLY CARE AND LEARNING (DECAL)** be disseminated to me for my own purpose. I also verify I have provided a copy of my official State issued Driver's License or a copy of my official State issued ID required by DECAL for my Criminal History Report Information (CHRI) be released to me. In providing the above information under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Georgia law, O.C.G.A. Sec. 16-10-20, and face criminal penalties as allowed by such criminal statute.

My signature below indicates that I am _____, the person for whom the Criminal History Report Information (CHRI) was run for by the **DEPARTMENT OF EARLY CARE AND LEARNING (DECAL)**.

Signature of Applicant		Printed Name of Applicant		
Street Mailing Address		City	State	Zip
Home Phone	Cell Phone	E-mail Address		

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 SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____ 19____

 Notary Public

My Commission Expires: _____, 20____