

BRIGHT FROM THE START

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Nathan Deal GOVERNOR

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DISSEMENATION AFFIDAVIT AND AGREEMENT

DEPARTMENT OF EARLY CARE AND LEARNING I also verify I have provided at least one copy of my official issued ID required by DECAL for my Criminal History Repaddress that is on my Cogent Report Date. In providing the above information under oath, I understand fictitious, or fraudulent statement or representation in an aff Sec. 16-10-20, and face criminal penalties as allowed by sur My signature below indicates that I am Information was run for by the DEPARTMENT OF EARL	be disseminate I State issued E port Information I that any perso I davit shall be seen criminal state	ed to me for my own Driver's License or a in (CHRI) be release on who knowingly as guilty of a violation tue.	a purpose. It copy of my official State It d and mailed to me to the It willfully makes a false It of Georgia law, O.C.G.A	e, A.
Signature of Applicant	Printed Name of Applicant			
Street Mailing Address	City	State	Zip	
SUBSCRIBED AND SWORN BEFORE ME ON THIS	DAY OF		, 20	
NOTARY PUBLIC				
My Commission Expires: 20				