

# Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize \_\_\_\_\_

Agency/Company

to conduct an Inquiry for the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

<b>Full Name (print)</b>			
<b>Address</b>			
<b>Sex</b>	<b>Race</b>	<b>Date of Birth</b>	<b>Social Security Number</b>

This authorization is valid for \_\_\_\_\_ days from date of signature.

I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Date of Inquiry:** \_\_\_\_\_ **Time of Inquiry:** \_\_\_\_\_ **Operator's Initials:** \_\_\_\_\_

<input type="checkbox"/>	E-Employment
<input type="checkbox"/>	J-Civilian Criminal Justice Employment (State & Ill Info Received)
<input type="checkbox"/>	M-Working with Mentally Disabled
<input type="checkbox"/>	N-Working with Elderly
<input type="checkbox"/>	P-Public Records.
<input type="checkbox"/>	U-Personal Copy
<input type="checkbox"/>	W-Working with Children
<input type="checkbox"/>	Z-Sworn Criminal Justice Employment (State & Ill info Received)

The Inquiry resulted in the following: (Check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

**Purpose Codes Used: (Check all that apply)**

**Wanting Agency Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_