

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
the purpose(s) listed below and receive any Georgia and/or national criminal history record information
as authorized by state and federal law.

| | | | |
|-------------------|------|---------------|------------------------|
| Full Name (print) | | | |
| Address | | | |
| Sex | Race | Date of Birth | Social Security Number |
| | | | |

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 _____

Attorney for Individual (Pur E and U Only) _____ Bar Number _____ Date _____

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check all that apply)

| | |
|--------------------------|---|
| <input type="checkbox"/> | E - Employment |
| <input type="checkbox"/> | J - Civilian Criminal Justice Employment (State & III 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 & III 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) |

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title _____ Date _____