

**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"/>	<b>J - Civilian Criminal Justice Employment (State &amp; III Info Received)</b>
<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"/>	<b>Z - Sworn Criminal Justice Employment (State &amp; III Info Received)</b>

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