

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

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

| | | | |
|-------------------|------|---------------|------------------------|
| Full Name (print) | | | |
| AKA name(s) | | | |
| 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

Purpose Code Used: (check one that applies)

| | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | E - Employment |
| <input type="checkbox"/> | N - Working with Elderly |
| <input type="checkbox"/> | W - Working with Children |
| <input type="checkbox"/> | O- Other |

Official use only:

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

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