



**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 or anything not covered below                                    |
| <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- Strictly for personal use only                               |
| <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: \_\_\_\_\_

NOTARY Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Photo ID