



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/Developmentally 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)

No Criminal Record Available

Criminal Record (Attached/Released)

No NCIC/GCIC Warrant

Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

\_\_\_\_\_  
Agency Designee Signature and Title

\_\_\_\_\_  
Date