

Name-Based Criminal History Record Information Consent Form

I hereby authorize _____ to conduct an inquiry for the purpose listed below and receive any Georgia criminal history record information as authorized by state and federal law.

Full Name (print)			
Maiden or Previously Used Name			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 90/180/___ days from date of signature.

I, _____, give consent to the above-named to perform periodic criminal history background checks for the duration of my employment with this company.

Signature

Date

Notary

Date

.....
Purpose Code Used:

NON-CRIMINAL JUSTICE PURPOSES	
	E – Employment
	M – Working with Mentally Disabled
	N – Working with Elderly
	W – Working with Children
	P – Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
	U – Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
	J – Civilian Criminal Justice Employment (State & III Info Received)
	Z – Sworn Criminal Justice Employment (State & III Info Received)

This inquiry resulted in the following:

	No Criminal Record Available
	Criminal Record Attached

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

Agency Designee Signature

Title