

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize Alto Police Dept to conduct a criminal background check, an inquiry for the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)			
Full Address			
Sex	Race	Date of Birth	Full Social Security Number

Mark on below

Y This authorization is valid for _____ days from date of signature.

Y 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 (Purpose U Only)

Bar Number

Date

Purpose Code Used (check one): Note: *Only one inquiry may be performed per consent form.*

NON-CRIMINAL JUSTICE PURPOSES		
E		Employment
M		Employment direct care with Mentally Ill/Developmentally Disabled
N		Employment direct care with Elderly
W		Employment direct care with Children
P		Public Record (no consent required)
F		Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
U		Personal Copy (stamp return "personal copy")

This inquiry resulted in the following (check all that apply):

	No criminal history available
	Criminal history available (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