

EXAMPLE ONLY

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Alto Police Department Agency/Company to conduct an inquiry for 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)	Last Name, First Name and Middle name		
Address	Full Address including City, State, and Zip Code		
Sex	Race	Date of Birth	Social Security Number
Male or Female	Provide Race	99/99/9999	999-99-9999

Select One

- 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.

Applicant's Signature Here 99/99/9999
Signature Date

Select One

Purpose Code Used: (Please select the reason for the search)

<input type="checkbox"/>	E – Employment (Use only if the following options do not apply)
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	P - Public Records (Felony Convictions Only)
<input type="checkbox"/>	W - Working with Children

_____/_____/_____
Notary Public Signature Commission Expires Contact Number

Office Use Only:

Date of 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

Office Use Only