

GEORGIA ONLY - Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Recipient's Name (Not Business Name)
 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):			
Alias, Maiden or Other Names used:			
Address:			
Sex:	Race:	Date of Birth:	SSN:

- 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: (Choose below) - \$10.00 each for (E,M,N,U,W) / \$20.00 each for (P)

<input type="checkbox"/>	E - Employment / Consent Required
<input type="checkbox"/>	M - Working with Mentally Disabled / Consent Required
<input type="checkbox"/>	N - Working with Elderly / Consent Required
<input type="checkbox"/>	P - Public Records / No Consent Required / Returns GEORGIA felony convictions only / \$20.00 ea.
<input type="checkbox"/>	U - Personal Copy / Consent Required / Person or Attorney Only
<input type="checkbox"/>	W - Working with Children / Consent Required

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 or Agency Designee Signature and Title Date