

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

**** ALL FIELDS ARE REQUIRED**

FULL NAME (PRINT) MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID			

LAST		FIRST	MIDDLE
ADDRESS			
STREET	_____		
CITY, STATE ZIP	_____		
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
MALE	WHITE	_____	_____
FEMALE	BLACK	_____	_____
UNKNOWN	ASIAN	_____	_____
	HISPANIC	_____	I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER
	UNKNOWN	_____	_____

CHECK ONE BOX

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

I give consent to the above-named entity to perform periodic criminal history background checks or the duration of my employment.

Signature

Date

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E – Employment / Volunteer Work / Tenancy
<input type="checkbox"/>	M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work
<input type="checkbox"/>	N - Working with Elderly – NOT for Volunteer work
<input type="checkbox"/>	W - Working with Children NOT A VOLUNTEER – NOT for Volunteer work

ORI STAMP REQUESTED

