

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		
	UNKNOWN		I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER

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	
	E – Employment / Volunteer Work / Tenancy
	M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work
	N - Working with Elderly – NOT for Volunteer work
	W - Working with Children NOT A VOLUNTEER – NOT for Volunteer work

ORI STAMP REQUESTED



Client Code:

310 State Highway 325
Blairsville, GA 30512
info@factsondemand.com

DISCLOSURE REGARDING CONSUMER REPORT BACKGROUND CHECK

(“the Company”) may obtain information about you from a third party consumer reporting agency for Tenant purpose. I do hereby give to Facts on Demand, Inc., or any of its agents, authorization to disclose orally or in writing the results of this background check to the realtor, property manager, or designated authorized recipient. Thus, you may be the subject of a “consumer report” which may include information about your credit worthiness, credit standing, character, general reputation, credit capacity, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history background record, social security verification, education and employment history, motor vehicle record (“driving records”) and any other applicable personal information.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by Facts on Demand, Inc., 310 State Hwy 325, Blairsville, GA 30512; Tel. No. 1.706.835.1831; www.factsondemand.com.

Signature: _____ Date: _____

This Disclosure and Authorization form, in electronic, faxed, or photocopied form, will be valid for any reports that may be requested by the Company. By signing, I give my full consent for periodic criminal history background checks to be performed for the duration of my residence.

X E – Tenant Background Check

Please print all information CLEARLY.

*First Name *Middle Name *Last Name

*Social Security Number *Date of Birth *Sex *Race

*Current Address *City

*State *Zip Code *Driver’s License Number & State

Previous address for (Evictions Search)

Previous address for (Evictions Search)

Applicant: DO NOT WRITE BELOW THIS LINE

All Georgia Statewide requests must have the Required GCIC form attached to process

- Criminal Background (states to search)
Motor Vehicle Report
Wants/Warrants Search
Sex Offender Search
Employment Verification (additional form required)
Eviction Search (3 addresses)
OFAC Search
SSN Trace
Rental Verification (additional form required)
Nationwide conviction Search
Federal Criminal Search