

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the Jeff Davis Recreation Department/Bruce Johns to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

Criminal Justice Agency

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

- This authorization is valid for 90/180/____ (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Signature _____ Date _____

Date of inquiry: _____ Time of inquiry: _____ Operator's initials: _____

Purpose Code used: (check one)

	Employment (E)-provides Georgia Criminal History Record Information
X	Employment with Mentally Disabled (M)-provides Georgia Criminal History Record Information
X	Employment with Elder Care (N)-provides Georgia Criminal History Record Information
X	Employment with Children (W)-provides Georgia Criminal History Record Information
	Public Records (P)-provides Georgia Felony Convictions Only

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

	No Georgia CHRI results available
	Georgia CHRI attached/released

	No NCIC/GCIC Warrant results available
	Possible NCIC/GCIC Warrant. Contact Agency listed below

Wanting Agency Name:	
Agency Telephone Number:	

Agency Designee Signature and Title _____ Date _____