

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.

Full Name (print)			
Address			
Sex	Race	Date of Birth	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 for the duration of my employment.

Signature

Date

Purpose Code Used: (check one)

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