

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Oxford Document Management Company, Inc. 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 180 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

* Please fax release back to 800-951-9114, or scan and email to info@oxforddoc.com. If sending via email, do not include your social security number.