

**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**

<b>FULL NAME (PRINT)      MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID</b>			
_____		_____	
LAST	FIRST	MIDDLE	
<b>ADDRESS</b>			
STREET	_____		
CITY, STATE ZIP	_____		
<b>SEX</b>	<b>RACE</b>	<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY NUMBER</b>
MALE	WHITE	_____	I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER
FEMALE	BLACK		
UNKNOWN	ASIAN HISPANIC 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)**

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
<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