

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize \_\_\_\_\_ to conduct an inquiry for  
Recipient's Name and Business Name (if applicable)  
 the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)			
Alias, Maiden, or other named used			
Address			
Sex:	Race:	Date of Birth:	SSN:

- This authorization is valid for \_\_\_\_\_ days from 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 \_\_\_\_\_

Notary that verified information \_\_\_\_\_ Date \_\_\_\_\_ Seal \_\_\_\_\_

Attorney for Individual (Purpose Code E and U Only) \_\_\_\_\_ Bar Number \_\_\_\_\_ Date \_\_\_\_\_

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Badge/Initials: \_\_\_\_\_

**Purpose Code Used (check one): Note: Only one inquiry may be performed per consent form.**

NON-CRIMINAL JUSTICE PURPOSES		
<input type="checkbox"/>	<b>E</b>	Employment
<input type="checkbox"/>	<b>M</b>	Employment direct care with Mentally Ill/Developmentally Disabled
<input type="checkbox"/>	<b>N</b>	Employment direct care with Elderly
<input type="checkbox"/>	<b>W</b>	Employment direct care with Children
<input type="checkbox"/>	<b>P</b>	Public Record (no consent required)
<input type="checkbox"/>	<b>F</b>	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
<input type="checkbox"/>	<b>U</b>	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT		
<input type="checkbox"/>	<b>J</b>	Civilian Criminal Justice Employment (state and III data received)
<input type="checkbox"/>	<b>Z</b>	Sworn Criminal Justice Employment (state and III data received)

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

<input type="checkbox"/>	No criminal history available
<input type="checkbox"/>	Criminal history available (attached/released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (list Wanting agency below)
<input type="checkbox"/>	Wanting Agency Name:
<input type="checkbox"/>	Wanting Agency Telephone:

Agency Designee Signature and Title