

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

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law. This is a criminal background release.

Full Name (Print)			
Address			
Sex (Mark One)	Race (Mark One)	Date of Birth	Full Social Security Number
F M PREFER NOT TO ANSWER	I A W B PREFER NOT TO ANSWER		

Check one of the following:

- 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

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

NON-CRIMINAL JUSTICE PURPOSES	
E	Employment
M	Employment direct care with Mentally Ill/Developmentally Disabled
N	Employment direct care with Elderly
W	Employment direct care with Children

This is for police dept to fill out (check all that apply):

	No criminal history available
	Criminal history available (attached/released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (list Wanting agency below)
	Wanting Agency Name:
	Wanting Agency Telephone:

Agency Designee/Signature and Title