

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Albany Police Department to conduct an inquiry for the

Agency/Company

Purpose (s) listed below and received 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

This authorization is valid for 180 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

Attorney for Individual (Pur E and U only)

Bar Number

Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check all that apply)

<input type="checkbox"/>	E – Employment
<input type="checkbox"/>	J- Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	M- Working with Mentally Disabled
<input type="checkbox"/>	N – Working with Elderly
<input type="checkbox"/>	P – Public Records
<input type="checkbox"/>	U – Personal Copy
<input type="checkbox"/>	W – Working with Children
<input type="checkbox"/>	Z – Sworn Criminal Justice Employment (State & III Info Received)

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

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title

Date