## Name-Based Criminal History Record Information Consent/Inquiry Form

\_to conduct a Criminal

		rpose listed below and rece zed by state and federal law	eive any Georgia and/or national criminal v.		
** ALL FIELDS ARE	E REQUIRED				
FULL NAME (PRINT)	ME (PRINT) MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID				
LAST		FIRST	MIDDLE		
ADDRESS					
STREET					
CITY, STATE ZIP					
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER		
MALE FEMALE	WHITE BLACK ASIAN				
UNKNOWN	HISPANIC UNKNOWN		I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER		
		days fron			
_	ent to the above-nam he duration of my er		dic criminal history background		
Signature			Date		
Purpose Code Use		On agreement Highler Burn			
T		ON-CRIMINAL JUSTICE PUR	POSES		
E – Employ	yment / Volunteer W	'ork / Tenancy			
M - Workir	ng with Mentally Dis	abled PROVIDING 24/7 CAR	RE – NOT for Volunteer work		
N - Workin	ng with Elderly – NOT	for Volunteer work			
W - Workii	ng with Children NO	T A VOLUNTEER – NOT for V	/olunteer work		

ORI STAMP REQUESTED

I hereby authorize\_

## Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize			to conduct a Criminal		
History Background inquir	y for the purpose listed	below and receive any G	ieorgia and/or national criminal		
history record information	n as authorized by state	e and federal law.			
Full Name (print)					
Address					
Sex	Race	Date of Birth	Social Security Number		
CHECK ONE BOX					
This authorization is valid fordays from the date of signature.					
☐ I give consent to the a	above-named entity to	perform periodic crimina	al history background checks		
for the duration of my em		perioriii periosii siiii sii	Time of y buongs out to the		
101 010 00.00.00.00.00.00.00.00.00.00.00.00.00	p.0 y				
Signature			Date		
Purpose Code Used: (chec	ck one)				
	NON-CRIMINA	AL JUSTICE PURPOSES			
E - Employment					
M - Working with Mentally Disabled PROVIDING 24/7 CARE					
N - Working with E					
W - Working with (	Children NOT A VOLUN	ΓEER			