School Name: _____ Your Phone Number:_____
Your Email Address: _____

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.

Full Name (print)			
Address			
Sex	**Race**	**Date of Birth**	**Social Security Number**

☐ 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

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

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

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
	P	Public Record (no consent required)
	F	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
	U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT		
	J	Civilian Criminal Justice Employment (state and III data received)
	Z	Sworn Criminal Justice Employment (state and III data received)

This inquiry resulted in the following (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