

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the The Miracle League of Camden County Criminal Justice Agency to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

Full Name (print):	[Redacted]		
Address	[Redacted]		
Sex	Race	Date of Birth	Social Security Number
[Redacted]	[Redacted]	[Redacted]	[Redacted]

This authorization is valid for 90/180 (circle one) days from date of signature.

I, [Redacted] give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

[Redacted] _____ [Redacted] _____
Signature Date

Date of inquiry: _____ Time of inquiry: _____ Operator's initials: _____
Purpose Code used: (check one)

<input type="checkbox"/>	Employment (E) – Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Public Records (P) – Provides <i>Georgia Felony Convictions</i> Only

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

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released.

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	_____
Agency Telephone:	_____

Agency Designee Signature and Title

Date