

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize THE MIRACLE LEAGUE OF CAMDEN COUNTY/ KINGSLAND POLICE DEPARTMENT to conduct an inquiry for
Agency/Company
 the purpose(s) listed below and receive any Georgia and/or national criminal history record information
 as authorized by state and federal law.

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

This authorization is valid for 180 days from date of signature.
 I, [REDACTED], give consent to the above-named
 entity to perform periodic criminal history background checks for the duration of my employment.

[REDACTED]		[REDACTED]
Signature	Date	
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
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