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

I hereby authorize_____to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

** ALL FIELDS ARE REQUIRED

| **FULL NAME (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<br>☐ FEMALE<br>☐ UNKNOWN | ☐ WHITE<br>☐ BLACK<br>☐ ASIAN<br>☐ HISPANIC<br>☐ UNKNOWN | | ☐ I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER |

CHECK ONE BOX

☐ This authorization is valid for_____days from the date of signature.

☐ I give consent to the above-named entity to perform periodic criminal history background checks or the duration of my employment.

_____ _____

Signature Date

**Purpose Code Used: (check one)**

| **NON-CRIMINAL JUSTICE PURPOSES** | |
|---|---|
| ☒ | E – Employment / Volunteer Work / Tenancy |
| ☐ | M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work |
| ☐ | N - Working with Elderly – NOT for Volunteer work |
| ☐ | W - Working with Children NOT A VOLUNTEER – NOT for Volunteer work |

☐ ORI STAMP REQUESTED