

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form



I hereby authorize _______to conduct an inquiry for

Agency/C	ompar	iy		

the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Nam	ne (print)						
	Address						
Se	ex	Race	Date of Birth	Social Security Number			
🗆 This aut	horization	is valid for	days from date o	of signature.			
□ I,			. give consent to	the above-named entity to			
		minal history background c	hecks for the duration of my	employment.			
Signature				Date			
Signature				Date			
Attorney f	or Individu	al (Purpose Code E and U (Only) Bar Number	Date			
,							
Date of In	Date of Inquiry: Time of Inquiry: Operator's Initials:						
Purpose C	ode Used		ne inquiry may be performe NAL JUSTICE PURPOSES	d per consent form.			
E	Employm		VAL JUSTICE PURPUSES				
M		byment direct care with Mentally III/Developmentally Disabled					
N		Employment direct care with Elderly					
W	Employment direct care with Children						
P		ublic Record (no consent required)					
F		bate Court/Weapons Carry License					
		· · ·	NDIVIDUAL OR THEIR ATTO	RNEY)			
U	Personal Copy (stamp return "personal copy")						
			USTICE EMPLOYMENT				
J	Civilian Criminal Justice Employment (state and III data received)						
Z	Sworn Criminal Justice Employment (state and III data received)						
	-	1 /	,				

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:	