

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

I hereby authorize _____ Alto Police Department _____ to conduct an inquiry for
Agency/Company
 _____ (company) with the purpose(s) listed below and receive any Georgia criminal history background information pertaining to me which may be in the files of any state or local criminal justice agency as authorized by state and federal law.

Full Name (print)			
AKA name(s)			
Address			
Sex	Race	Date of Birth	Social Security Number

Check only one below:

This authorization is valid for _____ days from date of signature.

OR:

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

Signature

Date

Purpose Code Used: **REQUIRED** (check only one that applies)

<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children

Official use

AKA names:
