

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

I hereby authorize Alto Police Dept to conduct a criminal background check, an inquiry for the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

<b>Full Name (print)</b>			
<b>Full Address</b>			
<b>Sex</b>	<b>Race</b>	<b>Date of Birth</b>	<b>Full Social Security Number</b>

Mark one below

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

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Attorney for Individual (Purpose U Only) Bar Number Date

**Purpose Code Used (check one): Note: Only one inquiry may be performed per consent form.**

NON-CRIMINAL JUSTICE PURPOSES		
E		Employment
M		Employment direct care with Mentally Ill/Developmentally Disabled
N		Employment direct care with Elderly
W		Employment direct care with Children
P		Public Record (no consent required)
F		Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
U		Personal Copy (stamp return "personal copy")

**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:

Agency Designee Signature and Title