

Social Circle Police Department

CRIMINAL HISTORY
CONSENT FORM

GEORGIA ONLY*

138 E. Hightower Trail Social Circle, Georgia 30025 Office: (770) 464-2366 Fax: (770) 464-4088

Name Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the Social Circle Police Department to conduct an inquiry and receive any and all criminal history record information pertaining to me which may be contained in the files of any local criminal justice agency in the State of Georgia. Required Cash Fee of \$20.00. Full Name (Print) Address Date of Birth Social Security Number Sex Race This authorization is valid for 30/90/180 (circle one) days from the date of signature. give consent to (company name) to perform periodic criminal history background checks for the duration of my employment with this company. Signature: _____ Date: Date of inquiry: Time of inquiry: Operator's Initials: Purpose Code Used: Employment (E) – Provides Georgia Criminal History Record Information Employment with Mentally Disabled (M) - Provides Georgia Criminal History Record Information Employment with Elder Care (N) – Provides Georgia Criminal Record Information Employment with Children (W) – Provides Georgia Criminal History Record Information Public Records (P) – Provides Georgia Felony Convictions Only For Official Use Only – The inquiry resulted in the following: (check all that apply) No Georgia CHRI results available Georgia CHRI attached/released No NCIC/GCIC Warrant results available Possible NCIC/GCIC Warrant. Contact agency listed below. Wanting Agency Name: Agency Telephone:

Date

Agency Designee Signature and Title