

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

I hereby authorize Alto Police Dept/ _____ to conduct an inquiry for
Agency/Company
 the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

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

Check on of the following:

- 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 Code U Only) Bar Number Date

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

NON-CRIMINAL JUSTICE PURPOSES		
X	E	Employment
	M	Employment direct care with Mentally Ill/Developmentally Disabled
	N	Employment direct care with Elderly
	W	Employment direct care with Children
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)		
	U	Personal Copy (stamp return "personal copy")

This is for police dept to fill out (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