

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.
 This is a criminal background release.

| | | | |
|--------------------------------|--|----------------------|------------------------------------|
| Full Name (print) | | | |
| Address | | | |
| Sex Mark one | Race Mark one | Date of Birth | Full Social Security Number |
| F M PREFER NOT TO ANSWER | I A W B PREFER NOT TO ANSWER | | |

Check one 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

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 |

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