Name-Based Criminal History Record
Information Consent/Inquiry Form

I hereby authorize_____to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Please be advised that if any other AKA names are provided for this criminal background check with regards to you, or if any other AKA names are identified by a credit bureau as belonging to you, if a credit report is included in this background check, your signature on this form constitutes your consent for these names to also be checked as part of this specific request. These authorized names will be added to this form.

** ALL FIELDS ARE REQUIRED

FULL NAME (PRINT) MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID	
_____ **LAST NAME, FIRST NAME MIDDLE NAME**	
PLEASE ENTER ALIASES/AKA NAMES BELOW (LAST, FIRST MIDDLE)	

ADDRESS	
STREET	
CITY, STATE ZIP	

SEX	**RACE**	**DATE OF BIRTH**	**SOCIAL SECURITY NUMBER**
☐ MALE ☐ FEMALE ☐ UNKNOWN	☐ WHITE ☐ BLACK ☐ ASIAN ☐ HISPANIC ☐ UNKNOWN		☐ I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER

CHECK ONE BOX

☐ This authorization is valid for_____ days from the 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)

NON-CRIMINAL JUSTICE PURPOSES	
☐	**E** – Employment / Volunteer Work / Tenancy
☐	**M** - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work
☐	**N** - Working with Elderly – NOT for Volunteer work
☐	**W** - Working with Children NOT A VOLUNTEER – NOT for Volunteer work

PLEASE ENTER ADDITIONAL ALIASES/AKA NAMES BELOW (LAST, FIRST MIDDLE)	