



Police Department

21 North Avondale Plaza
Avondale Estates, Georgia 30002

Telephone (404) 294-5410
Fax (404) 294-4108

Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia (must be completed).

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

One of the following must be checked:

This authorization is valid for 90/ 180/ _____ 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 that applies)

<input type="checkbox"/>	E – Employment (non-criminal justice)
<input type="checkbox"/>	M – Working with Mentally disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	U – Personal use only

Notary _____ Date _____ Notary Expiration date _____

Official use only:

Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant: Agency & Telephone:

Agency Designee Signature and Title _____

Date _____