Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the **Montgomery County Sheriff's Office** to conduct an inquiry and receive any Georgia criminal history information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)		Phone Number:	
Address			
Sex	Race	Date of Birth	Social Security Number

☐ This authorization is valid for 90/180/_____ (circle one) days from date of signature.

☐ I, _____ give consent to the above named 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: (check one)

	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 History Record Information
	Employment with Children (W) – Provides ***Georgia*** Criminal History Record Information
	Public Records (P) – Provides ***Georgia Felony Convictions*** 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:	

_____ _____
Agency Designee Signature and Title Date