**Name-Based Criminal Background History Record Information Consent/Inquiry Form**

I hereby authorize Alto Police Department to conduct an inquiry for

Agency/Company

 Accurate Background (company) with the purpose(s) listed below and receive any Georgia and/or national criminal background history record information as authorized by state and federal law.

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This authorization is valid for 90 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 that apply)

Official use only:

Inquiry: Time of Inquiry: Operator’s Initials:

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

Wanting Agency Name:

Wanting Agency Telephone:

Agency Designee Signature and Title

Date

Revised March 2019

No Criminal Record Available

Criminal Record (Attached/Released)

No NCIC/GCIC Warrant

Possible NCIC/GCIC Warrant (List Wanting Agency Below)

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E - Employment

N - Working with Elderly

W - Working with Children

Full Name (print)

AKA name(s)

Address

Sex

Race

Date of Birth

Social Security Number