

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

I hereby authorize Alto Police Department to conduct an inquiry for  
Agency/Company  
 the purpose(s) listed below and receive any Georgia and/or national criminal history record information  
 as authorized by state and federal law.

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

- 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: (Please select the reason for the search)

<input type="checkbox"/>	E – Employment (Use only if the following options do not apply)
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	P - Public Records (Felony Convictions Only)
<input type="checkbox"/>	W - Working with Children

\_\_\_\_\_  
 Notary Public Signature \_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_)\_\_\_\_\_  
 Commision Expires Contact Number

**Office Use Only:**

Date of 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 (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_  
 Wanting Agency Telephone: \_\_\_\_\_

\_\_\_\_\_  
 Agency Designee Signature and Title \_\_\_\_\_  
 Date