

Please find attached a copy of the background release form that will need to be signed by the candidate and witnessed by a notary public, who must include contact information in the case of verification.

We have also included the link for payment: <https://altoga.governmentwindow.com/start.html> .

From the website you will click online payments and then you will choose "GCIC/Backgrounds", GCIC, enter the payment amount-\$25.00 (there is an additional 4% processing fee which will be applied automatically), and under "receipt note" please enter "Background / (person's name) for whom we will be conducting the background check. The next page should look familiar as it is a standard payment screen.

When sending the background screening information to us, please fax information to (706) 778-6908 or email to [orders@altopolice.com](mailto:orders@altopolice.com) . Results are usually sent back within 24 business hours, excluding weekends and holidays.

In order to avoid delays, please ensure that you have included:

- (1) The signed and notarized background release along with
- (2) a copy of the candidate's driver's license,
- (3) notary's contact information, and
- (4) payment.

**DO NOT FILL IN ANY SPACES BELOW THE DOUBLE LINE.**

Please feel free to contact the office at (706) 778-8028 should you have questions about this process.

Alto Police Department

**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

\_\_\_\_\_  
 Contact # \_\_\_\_\_

\_\_\_\_\_  
 Notary Public Signature

My commission expires: \_\_\_\_\_ Email address: \_\_\_\_\_

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Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check all that apply)

<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	<b>J - Civilian Criminal Justice Employment (State &amp; III Info Received)</b>
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	P - Public Records
<input type="checkbox"/>	U - Personal Copy
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	<b>Z - Sworn Criminal Justice Employment (State &amp; III Info Received)</b>

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