

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

I have also included the link for payment: <https://altoga.governmentwindow.com/start.html> . From the website, you will choose "GCIC/Backgrounds", GCIC, enter the payment amount-\$25 (there is an additional processing which will apply), and under "rcpt 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 returning the background screening information back to us, please fax information to (706) 778-6908 OR email to orders@altopolice.com . Results are usually sent back within 24 business hours, excluding weekends and holidays.

In order to avoid delays, please ensure 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.

Kindly,

Melanie Allen
Alto GCIC Operator
Alto Police Department
(706) 778-8028

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: _____

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

Purpose Code Used: (check all that apply)

<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<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"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

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