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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I hereby authorize | | | Forsyth County Parks & Rec | | | | | | | | | to conduct an inquiry for | | | |
| Agency/Company | | | | | | | | | | | | | | | |
| the purpose 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 | | | | 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 |
|  | | | | | | | | | | | | | | | |
|  | | | | | |  | |  | | | | |  | |  |
| Attorney for Individual (Pur E and U only) | | | | | |  | | Bar Number | | | | |  | | Date |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | | | | | | | Date of Inquiry: |  | Time of Inquiry: |  | Operator’s Initials: |  |   Purpose Code Used: (check one)   |  |  | | --- | --- | | **NON-CRIMINAL JUSTICE PURPOSES** | | |  | E – Employment | |  | M – Working with Mentally Disabled | |  | N – Working with Elderly | |  | W – Working with Children | |  | P – Public Records (no consent required) | |  | F – Probate Court/Weapons Carry License | | **PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)** | | |  | U – Personal Copy | | **CRIMINAL JUSTICE EMPLOYMENT** | | |  | J – Civilian Criminal Justice Employment (State & III Info Received) | |  | Z – Sworn Criminal Justice Employment (State & III Info Received) |   The inquiry resulted in the following: (check all that apply) | | | | | |
|  | No Criminal Record Available | | | | |
|  | Criminal Record (Attached/Released) | | | | |
|  | No NCIC/GCIC Warrant | | | | |
|  | Possible NCIC/GCIC Warrant (List Wanting Agency Below) | | | | |
|  |  | | | | |
|  | Wanting Agency Name: |  | | | |
|  | | | | | |
|  | Wanting Agency Telephone: | |  | | |
|  | | | | | |
|  | | | |  |  |
| Agency Designee Signature and Title | | | | | |