

## Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize \_\_\_\_\_ A Hand Up Ministry \_\_\_\_\_ to conduct an inquiry for  
Agency/Company  
 the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

<b>Full Name (print)</b>			
<b>Alias, Maiden, or other named used</b>			
<b>Address</b>			
<b>Sex:</b>	<b>Race:</b>	<b>Date of Birth:</b>	<b>SSN:</b>

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
N/A	N/A
Notary that verified information	Date
N/A	N/A
Attorney for Individual (Purpose Code E and U Only)	Date
N/A	N/A
Bar Number	Date

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

**Purpose Code Used (check one): Note: *Only one inquiry may be performed per consent form.***

NON-CRIMINAL JUSTICE PURPOSES	
E	Employment
M	Employment direct care with Mentally Ill/Developmentally Disabled
N	Employment direct care with Elderly
W	Employment direct care with Children
P	Public Record (no consent required)
F	Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
U	Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT	
J	Civilian Criminal Justice Employment (state and III data received)
Z	Sworn Criminal Justice Employment (state and III data received)

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

	No criminal history available
	Criminal history available (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