

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize TAMMY SURINE, HUMAN RESOURCES, LAURENS COUNTY 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 _____ 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 | |
|---|--|
| X | E - Employment |
| | M - Working with Mentally Disabled |
| | N - Working with Elderly |
| | W - Working with Children |
| | P - Public Records (no consent required) |
| 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