

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

I hereby authorize \_\_\_\_\_ Presearch Background Services, Inc. \_\_\_\_\_ 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>Address</b>			
<b>Sex</b>	<b>Race</b>	<b>Date of Birth</b>	<b>Full Social Security Number</b>

**Check and fill out ONLY one of the following:**

- This authorization is valid for \_\_\_\_\_ days from the 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**

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

NON-CRIMINAL JUSTICE PURPOSES		
<b>E</b>		Employment
<b>M</b>		Employment direct care with Mentally Ill/Developmentally Disabled
<b>N</b>		Employment direct care with Elderly
<b>W</b>		Employment direct care with Children

### AREA BELOW IS FOR AGENCY USE ONLY

**This is for police dept to fill out (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