

Name-Based Criminal History Record Information Consent/Inquiry Form

Please include a copy of your Driver's License

I hereby give consent for the **Oconee County Sheriff's Office** to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

I hereby authorize _____ (name of business entity/person) to receive any Georgia criminal history information that this criminal history record check uncovers.

Please complete the sections highlighted by BLUE

Full Name (print): (in box to the right)			
Address: (in box to the right)			
Sex: (in box below)	Race: (in box below)	Date of Birth: (in box below)	Social Security Number: (in box below)

This authorization is valid for 90/180/____ (circle one) days from date of signature.

I, _____ give consent to the above named business entity/person to perform periodic criminal history background checks for the duration of my employment with the stated company.

Signature _____
Date

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

Purpose Code Used: (check one) **TO BE COMPLETED BY OCSO**

	Employment (E) – Provides GEORGIA Criminal History Record Information
	Employment with Mentally Disabled (M) – Provides GEORGIA Criminal History Record Information
	Employment with Elder Care (N) – Provides GEORGIA Criminal History Record Information
	Employment with Children (W) – Provides GEORGIA Criminal History Record Information
	Public Records (P) – Provides GEORGIA Felony Convictions ONLY

The inquiry resulted in the following: (Check all that apply) TO BE COMPLETED BY OCSO

	NO Georgia CHRI results available.
	Georgia CHRI attached/released.
	No NCIC/GCIC Warrant Results Available.
	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Wanting Agency Telephone:	

Agency Designee Signature & Title _____
Date

Applicant complete sections highlighted by BLUE