

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

I hereby authorize Walker County Fire Rescue 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.

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 (Purpose Code E and U Only)

Bar Number

Date

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

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

NON-CRIMINAL JUSTICE PURPOSES

<input checked="" type="checkbox"/>	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)

<input type="checkbox"/>	U	Personal Copy (stamp return "personal copy")
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CRIMINAL JUSTICE EMPLOYMENT

<input type="checkbox"/>	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