

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby give consent for the LEE 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.

Full Name (Print):				
Address: (Please put City, State, & Zip)				
Sex:	Race:	Date of Birth:	Social Security Number:	State Born:

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

I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Company Name: \_\_\_\_\_

X \_\_\_\_\_

Signature

Date

**DO NOT WRITE BELOW THIS LINE:**

Date of inquiry: \_\_\_\_\_ Time of inquiry: \_\_\_\_\_ Operator's initials: \_\_\_\_\_

Purpose Code used: (circle one)

<input type="checkbox"/>	Employment (E) - Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Mentally Disabled (M)- Provides Georgia Criminal History Record Information.
<input type="checkbox"/>	Employment with Elder Care (N)- Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W)- Provides Georgia Criminal History Record Information
<input type="checkbox"/>	Public Records (P)- Provides Georgia Felony Convictions Only

The inquiry resulted in the following: (Check all that apply)

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI Attached/ released:

<input type="checkbox"/>	No NCIC/GCIC Warrant Results Available
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency Listed Below
Wanting Agency Name & Phone #	

Agency Designee Signature and Title

Date

**LEE COUNTY SHERIFF'S OFFICE**

**P.O. BOX 610**

**LEESBURG, GA 31763 229-759-6012**