

Lowndes County Sheriff's Office Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Georgia Bible Camp to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information pertaining to me as authorized by state and federal law.

Full Name (print) _____

Address _____ Street _____ City _____ State _____ Zip Code _____

Sex _____ Race _____ Height _____ Weight _____ Eyes _____ Hair _____ Date of Birth _____ SSN (optional) _____ Phone # _____

Identification

- This authorization is valid for 30 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 & U Only)

Bar Number _____

Date _____

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

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E – Employment
<input type="checkbox"/>	M – Working with Mentally Disabled
<input type="checkbox"/>	N – Working with Elderly
<input checked="" type="checkbox"/>	W – Working with Children
<input type="checkbox"/>	P – Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U – Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J – Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z – Sworn Criminal Justice Employment (State and III Info Received)

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

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Notary Public, _____ County, GA

My commission expires _____.

Wanting Agency Name: _____

Signature

Wanting Agency Telephone: _____

Agency Designee Signature and Title
Lowndes County Sheriff's Office

TCN: _____
Investigator Badge #: _____