

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

I hereby give consent for the VALDOSTA STATE UNIVERSITY POLICE DEPARTMENT to conduct an  
Criminal Justice Agency  
 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			
Sex	Race	Date of Birth	Social Security Number

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

\_\_\_\_\_  
 Signature Date

Date of inquiry: \_\_\_\_\_ Time of inquiry: \_\_\_\_\_ Operator's initials: \_\_\_\_\_  
 Purpose Code used: (check one)

	Employment (E) – Provides <i>Georgia</i> Criminal History Record Information
	Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information
	Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information
x	Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information
	Public Records (P) – Provides <i>Georgia Felony Convictions</i> Only

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

	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:	
Agency Telephone:	

\_\_\_\_\_  
 Agency Designee Signature and Title Date

\_\_\_\_\_  
 NOTARY EXPIRATION DATE