

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

I hereby authorize Family Promise of Gwinnett to conduct an inquiry for  
Agency/Company  
 the purpose listed below and receive any Georgia and/or national criminal history record information  
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

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 (Pur E and U Only) Bar Number Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
xx	E - Employment
	M - Working with Mentally Disabled
	N - Working with Elderly
	W - Working with Children
	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
	J - Civilian Criminal Justice Employment (State & III Info Received)
	Z - Sworn Criminal Justice Employment (State & 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)

Wanting Agency Name: Family Promise of Gwinnett

Wanting Agency Telephone: 678-376-8950

\_\_\_\_\_  
 Agency Designee Signature and Title Executive Director