Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Emory University Police Department _____ to conduct an inquiry for
Agency/Company
the purpose(s) 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 _____ 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 _

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

Purpose Code Used: (check all that apply)

☐	E - Employment
☐	**J - Civilian Criminal Justice Employment (State & III Info Received)**
☐	M - Working with Mentally Disabled/Developmentally Disabled
☐	N - Working with Elderly
☐	P - Public Records
☐	U - Personal Copy
☐	W - Working with Children
☐	**Z - Sworn Criminal Justice Employment (State & III Info Received)**

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

☐	No Criminal Record Available
☐	Criminal Record (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 Date