

Name Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for Pleasant Hill Baptist Church 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: _____

Sex: _____ Race: _____ Date of Birth: _____ SSN#: _____

This authorization is valid for 180 days from the 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.

Signature

Date

----- FOR OFFICE USE -----

Date of Inquiry: _____ Time of Inquiry: _____ Operators Initials: _____

Please check which applies.

_____ Employment (E) - Provides Georgia Criminal History Record Information

_____ Employment with Mentally Disabled (M) - Provides Georgia Criminal History Record Information

_____ Employment with Elder Care (N) - Provides Georgia Criminal History Record Information

X Employment with Children (W) - Provides Georgia Criminal History Record Information

_____ Public Records (P) - Provides Georgia Criminal History Record Information

Agency Name Requesting Information: _____

Agency Phone Number: _____

Agency Designee Signature and Title: _____

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

_____ No Georgia CHRI results available.

Released To: _____ Released By: _____ Date _____

_____ Georgia CHRI attached/released

Released To: _____ Released By: _____ Date _____