

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the VALDOSTA STATE UNIVERSITY POLICE DEPARTMENT to
Criminal Justice
Agency
 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:			
Phone number	Sex	Date of Birth	Social Security Number

Organization/Camp: _____

Supervisor/ Program Administrator: _____ **Phone Number:** _____

Applicant Position Title: _____

- Faculty
 Staff
 Student
 Summer Camp
 Volunteer
 Contractors

Please complete the following statement and sign below in the presence of a notary:

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

NOTARY

EXPIRATION 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)

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released.

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.	
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.	
	Wanting Agency Name:	
	Agency Telephone:	

Report From Valdosta State University Public Safety Department

No Criminal Conviction Records Outstanding Charges: No Disposition Convictions

DATE	CHARGE	DISPOSITION	COUNTY/ STATE	FELONY/ MISDEMEANOR

Other: _____

Date Checked: _____ Reviewed by: _____

Agency Designee Signature and Title _____
Date

Human Resources Use Only:

Eligible Ineligible

Date Applicant Notified: _____ Date Employing Department Notified: _____

BIC/HR Initials: _____