



Pickens Sheriff's Office
2985 Camp Road
Jasper, GA 30143
706-253-8900

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Pickens Sheriff's Office to conduct an inquiry for 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 180 days from date of signature

_____ Signature		_____ Date
_____ Attorney for Individual	_____ Bar Number	_____ Date

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

Purpose Code Used: (check all that apply)

<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & Ill Info Received)
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	P - Public Records
<input type="checkbox"/>	U - Personal Copy
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & Ill Info Received)
<input type="checkbox"/>	N - Working with Elderly

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

<input type="checkbox"/>	NO Criminal History
<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: _____

Wanting Agency Telephone: _____

_____ Agency Designee Signature and Title	_____ Date
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