



OFFICE OF THE SHERIFF

HALL COUNTY

CRIMINAL HISTORY CONSENT/INQUIRY FORM

I hereby authorize _____ 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				
Phone	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

Attorney for Individual (Pur E and U Only)

Bar Number

Date

DO NOT WRITE BELOW THIS LINE-OFFICIAL USE ONLY

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
- ☐ 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

Mailing Address- Attention Hall County Sheriff's Office- Records

2859 Browns Bridge Road Gainesville, GA 30504

Phone Number:

(770)531-6877